ABSTRACT
OF A
Clinical Lecture
ON
TREPHINING IN DEPRESSED FRACTURE OF THE SKULL.

Delivered at St. Bartholomew's Hospital,

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(*Reported by* HENRY T. BUTLIN, F.R.C.S., *Surgical Registrar to the Hospital.*)

AMONG the vexed questions of surgery, the rules that should guide us in the use of the trephine in certain forms of injury of the head stand prominently out—that is to say, while almost all surgeons would be in accord on the question of interference in the majority of these cases, there yet remain others in which very different opinions prevail concerning the propriety of an operation. As an illustration of these exceptional instances, I propose to recall your attention to-day to a case which was lately admitted into Lucas ward, on which, as you will remember, a consultation was held, and this important question discussed. But as a convenient preface, let me remind you of the rules, so far as they can be laid down, by which the judgment of surgeons is usually guided.

The question of operation is almost always associated with fracture of the vault of the skull, not only because depressed fractures occur much more often in the vault than about the base, but also because the operation itself is only applicable to one or two portions of the base. Fractures of the skull may be classified in the following manner, which appears to me to possess especial advantages with reference to the question of operation:—1. Fractures with or without depression of bone. 2. Fractures with or without symptoms of compression. 3. Simple fractures and compound fractures. This classification admits of great variation, and you will see how it is possible and also useful to ring the changes upon these three divisions when we come to the question of when the trephine should be applied.

There are two chief forms of fracture with which we have now to do: the ordinary split or fissured fracture, which is often starred, usually comminuted, and which affects us at present only as it is at the same time depressed; and the punctured fracture, the most important feature of which is that, whilst the outer table of the skull often presents but a slight depression, the inner table is much more severely broken and more deeply depressed. Forms of some of these fractures are well exhibited in these specimens from the shelves of our museum. Here is a skull,* in the parietal bone of which there is a perfectly well-defined circular depression affecting both the inner and the outer tables, shelving smoothly down in the latter from all sides towards the deepest part of the dent—a thoroughly good example of the uniform, shallow, or spoon-shaped depression. Here is another,† a depressed fracture of the occipital bone of a child of some twelve or fourteen years. It also is circular in form, gradually dipping down; but in addition to this, although not a true punctured fracture, it shows the main feature of such fractures—its inner table is much broken, and the outer scarcely more than bent inwards. This specimen ‡ again, shows a much larger and more irregular piece of the parietal bone driven inwards, but not deeply. But look at this portion of the parietal bone of a young child.§ See how a small hole is, as it were, punched out with a trephine, so that at first sight it might be thought to be a specimen showing the effects of the operation. Look at it more closely, however, and you will then see that it is oval rather than round in shape; that on one side there is the slight fissure of a fracture extending from its border; that on the inside of the bone there are, attached to the margins of the aperture, and almost completely surrounding it, larger and smaller fragments of bone pointing directly inward toward the brain and its membranes. A better example of depressed fracture with the fragments driven in endways or edgeways it is impossible to find. Its history, too, is in some ways as typical as the specimen itself. A chimney-pot fell from the roof of a house upon the child's head. In spite of the heaviness of the blow and the hole bored completely through the skull, it is said that there were scarcely any symptoms during three weeks after the injury. Then inflammation of the brain took place, and speedy death was the result. It occasionally happens that the outer table of the skull alone is depressed, the inner escaping uninjured, or almost uninjured. Such may be the case when a fracture is sustained over the frontal sinuses, or over the mastoid portion of the temporal bone. Cases of this kind, of the former injury especially, are not uncommon in the wards.

The consequences of such fractures as have just been described fall naturally into a twofold division: immediate and remote (or indirect). The direct consequence of the compression due to a depressed fracture is to produce coma, often mingled in various degrees with concussion, but marked especially, as you well know, by insensibility more or less profound, sluggish circulation, laboured respiration, and, as the case advances, increasing paralysis of muscle. Such a condition may quickly pass into death, by way of apnœa, or the patient may regain consciousness more or less completely, and in time become subject to the remote consequences of the injury. Fully to describe these would require more time than we can devote to this lecture. Shortly, they are all those produced by irritation or inflammation of the contents of the skull, giving rise to pain and fever, muscular twitchings and contraction, convulsions, delirium, coma, paralysis, and death. The consequences depend in part upon the nature of the fracture: thus, fractures of considerable extent and deep uniform depression are likely to be followed by coma; fractures which are much comminuted, where the fragments are driven in edgeways and the inner table especially damaged, are more likely to give rise to irritation or to set up inflammation—scarcely less likely, however, in the first instance to produce coma.

Now, let us consider in what fractures and under what circumstances we may be called upon to trephine or to decide against the operation. We shall here find the advantage of the rough classification laid down in the beginning of the lecture. I may state that under the term "trephining" all operations for the elevation or removal of depressed bone are included. In fractures without depression and without symptoms, whether simple or compound, the answer is obvious: Do not operate. In a simple fracture with depression, but without any symptoms of compression, the answer is also No, unless it happen that the fragments have been driven in endways or edgeways, when it is generally expedient to operate, in order to obviate or render less likely the remote effects we have seen are so liable to follow this kind of fracture. If there be a wound communicating with the fracture, the rule of treatment remains the same, the operation being rendered more obvious and easy than in the last case. Supposing that symptoms are present, but that there is no external wound, and that no fracture or depression can be detected, the treatment becomes more difficult. The symptoms may be due to other causes—to internal hæmorrhage, to laceration of the brain, to a fracture in some part remote from the seat of injury. We, therefore, wait for a while and watch the patient carefully, ready at any time, if the symptoms do not give way, and if no contra-indication appear, to cut down and explore, our further treatment being guided by what we then find. The same case may occur, but with a wound of the scalp. Even under these circumstances, the rule is not to interfere at first, but to wait as before, keeping strict watch and noting whether the symptoms diminish in severity or whether they continue or increase. As complete an examination as the wound will permit is of course always made. The next class of cases is those in which both depression and symptoms of compression are met with. Here, perhaps, the rule is, even when the fracture is simple, to cut down and raise the depressed portion. Where such a fracture is compound we rarely hesitate to operate.

Much importance is laid upon the question of whether the fracture be simple or compound in standard works on the subject. I think too much stress has been put upon this

* Series III., Anc. C—43. † Series III., 144.
‡ Series III., 83. § Series III., 116.

point. That it should exercise a certain influence is, of course, perfectly right, for it is not a light matter under any circumstances to convert a simple into a compound fracture, least so when the skull is concerned. But when, on the other hand, the advantage which may be gained by a successful operation is considered, and the imminent peril in which the patient is placed in certain cases if no operation be undertaken, I think there can be no doubt that the right course to pursue is to cut down upon the bone, and explore. The greatest difference of opinion exists perhaps as to the right treatment to be pursued when there are symptoms of compression, as coma, but without clear evidence of depression. I agree in the main with what Mr. Erichsen has said* on this subject—that when such symptoms exist, in all cases of doubt, an incision should be made down to the bone, and the state of the skull examined. Further proceedings will depend almost entirely upon the condition of the skull when thus laid bare. There is one form of fracture in which the rule is constant to trephine at once. This is the punctured fracture, in which the inner table is usually much comminuted. It is of no consequence whether or not there be immediate symptoms of compression; the operation is not performed on account of these, but in order to prevent, if possible, the irritation and inflammation almost sure to be set up by the small and often sharp splinters which are formed.

Such are the ordinary rules by which we are guided in deciding whether to operate in depressed fracture or not. They are liable to be altered by certain circumstances, of course, and the circumstance of age is one which exercises as great an influence as any. The cases of children are decidedly exceptional. Strange as it may seem, although the brain is extremely sensitive to disease in childhood, and is easily disturbed by injury, the part disturbed or encroached on recovers more rapidly than in the adult. The "power of accommodation" is greater in the child. The injured part is able to adapt itself to the altered conditions far more quickly than at a later period of life. This is a subject well worthy of attention—a subject up to the present time very little worked at.

I will now relate the case which has formed the basis of this lecture, and you will see that, in accordance with what has just been said, the ordinary rule of treatment was deviated from, and the operation, which would have been practised upon an adult, was deemed unnecessary in a child.

On the 2nd of March there was admitted into Lucas ward a child eight months old. The mother, who brought her, stated that she was carrying the child down stairs, and that when some two or three steps from the bottom she had slipped and fallen. The head of the infant was struck in the fall, she believed, by the corner of the last bar of the banisters. Finding there was a deep dent in the head, she at once brought her to the hospital, although she did not think there could be any danger from the injury, as the child scarcely seemed to suffer at all, and even took the breast immediately. On admission, however, the child was quite unconscious, the face was pallid, the pulse small and scarcely perceptible, the skin cool and very moist. In the posterior portion of the left parietal bone, just above the squamo-parietal suture, was a deep depression in the skull, wide enough to lay the ends of two fingers in, and about a finger's breadth in depth. At the bottom of this could be felt the rough edge of the fractured bone. There was no wound of the scalp. I was sent for, but before I had time to arrive the symptoms of compression had passed off, and the patient was sitting up in its mother's arms. I therefore decided not to interfere, but to watch the case carefully. The next morning the child sat up, appeared to take notice of things as usual, cried, laughed, sucked, and seemed so well that about eleven o'clock the mother insisted upon taking it home. About half-past two she was again admitted, having hastened down from the City-road as quickly as possible, much frightened, because about half an hour previously the child had turned up its eyes, and worked its hands and mouth violently for some seconds, after which it had fallen into a deep sleep. It was again in a similar condition of coma to that noticed on its first admission. I held consultation with my colleagues, whose advice concurred with my own opinion, that no operation should for the present be performed. Soon after we had seen it it recovered consciousness, and from this time until the afternoon of the 5th presented no signs of cerebral mischief. It then had a convulsion, affecting both sides of the body, lasting only a few seconds, followed by coma of two or three hours' duration. On the afternoon of the 6th a convulsion again occurred, which was followed at intervals of about an hour by similar convulsions through the rest of the day and night, until five o'clock on the morning of the 7th. The fits then passed off; the child appeared entirely to have recovered, and during the afternoon it was again taken away by its mother.

In this case there was therefore a simple fracture with depression, and with symptoms. The first signs of compression had passed off before I saw the child, but they were succeeded within a few hours by the more remote effects of the injury, effects due to irritation of the brain by the rough edges of the depressed bone acting through the dura mater. Bearing in mind, however, the wonderful manner in which young children become accustomed to such a condition of parts, seeing how well the child was between the attacks of irritation, and how quickly it had recovered from the first effects of the injury, we undoubtedly decided rightly in not trephining. It is probable that the child will recover completely,* that all symptoms of irritation will, in time, subside, and that even the depression in the skull will become less as she grows older, the bone being gradually raised to a nearer level with the surrounding parts.

But although children often recover well, even from severe depressed fractures, it may be asked with regard to adults, Why not trephine in every instance of fracture where there is a depression? What can be expected from such a case if left to give rise to the secondary effects which have been mentioned? In the first place, the symptoms of depression, although associated with fracture, may be due, not to it, but to some other cause. It may be that the brain has been severely bruised or otherwise injured at some point remote from the seat of fracture; that blood has been effused in large quantity upon the surface or into the substance of the brain, and that the symptoms are dependent upon these causes, not upon the pressure of the bone. Again, in adults sometimes, as in children, the symptoms may subside after a shorter or longer time, through the same power of accommodation to the altered pressure. Lastly, the operation itself is by no means free from risk. Even with the greatest care, small chips of bone may be detached, may be left upon the surface of the dura mater, and may produce the same inflammation to avoid which was one of the great objects of the operation. The mere interference with the dura mater during the removal or raising of bone may be enough to light up inflammation. Another result which occasionally, though rarely, follows trephining is well shown in these specimens.† They both represent what is called hernia cerebri—the protrusion of a mass of brain-substance, mingled with products of inflammation, through the aperture in the skull. In one case the protruding mass was cut off several times, but grew again; in each case death was the final result; in neither case was the dura mater wounded during the operation, but ulceration of the membranes had taken place.

Nothing, perhaps, is of greater consequence in the question of trephining than the time which has elapsed since the injury. In almost all cases sufficient time should be allowed for the patient to recover from the mere effects of the blow; it is the persistence of symptoms after this period by which we are guided. At a much later date it may be still right to trephine, even when inflammation appears to have taken place; as, for instance, in some cases of punctured fracture.

As a rule it has happened that men who have had the largest experience in cases of injury to the head have been the least inclined to trephine, although in some parts of England, as, for instance, in Cornwall, where mine accidents afford considerable practice in these injuries, and in some of the large towns of the north, it has been the custom to operate very much more frequently than we should be inclined to do. Those who operate thus frequently are most in favour of the operation, believing that it has been the means of saving very many lives. From our own experience

* Science and Art of Surgery, vol. i., p. 376, fifth edition.

* The child has been seen at its home (June 20th). There have been no symptoms of cerebral mischief. The child is much grown; the depression in the skull can scarcely be distinguished.—H. T. B.

† Series VI., 23 and 32.

we should say that probably many of these would still have recovered if they had not been trephined. However this may be, such experience as theirs affords important evidence on the risks of the operation itself apart from any other injury.

Clinical Lectures ON DISEASES OF THE SPINAL CORD.

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LECTURE II.

SYMPTOMATOLOGY OF LATERAL AMYOTROPHIC SCLEROSIS.

IV. THE form of amyotrophic paralysis with which we are occupied most commonly manifests itself first in one of the upper limbs, so as to present a likeness to what is called "cervical paraplegia." Though the disease may date from only four, five, or six months, or a year at the utmost, wasting will have already attained a degree which, in protopathic muscular atrophy, is only observed at an advanced stage—perhaps five or six years from the beginning of the disease.

Things may remain in this state during two, six, or nine months, seldom more; after which the lower extremities are affected in turn, and generally in a manner quite different from the upper extremities. In the origin it is still paresis which makes its appearance, preceded, and accompanied for some time, by formication and numbness in the limb. But here paresis presents this notable feature, that it does not necessarily bring on muscular atrophy, as it does in the first case. On the contrary, the muscles may preserve, until the last stages of the disease, a fleshy appearance and a consistence which present a marked contrast to the condition of the upper limbs. This paraplegia offers this first particular feature, that it is not complicated with paralysis of the bladder or rectum, and that there exists no tendency to the formation of eschars. It is furthermore distinguished, as you will see, by other important characters. Difficulty in the movements of the lower limbs makes rapid progress. The patient feels his legs heavy, and with difficulty moves them from the floor. In a short time he can walk only by the help of two supports. At last, it is impossible for him to stand on his legs, and then he is confined to bed, or obliged to sit the whole day in an arm-chair. When things have come to this point, a new and interesting phenomenon has already more or less shown itself: I mean *permanent stiffness*, or, in other words, *spasmodic contraction of the muscles* deprived of voluntary movement. For some time previously the patient will have noticed that, whether in bed or sitting, his lower limbs would occasionally extend or bend independently of his will, and for a few moments preserve the attitude thus involuntarily taken.

Extension is the most common fact in these cases, and it may be marked to the degree of determining almost tetanic stiffness, causing the lower limbs to be like rigid bars, susceptible only of being moved about *en bloc*. In addition to this, the limbs are sometimes agitated by convulsive tremulousness. The stiffness becomes still more marked when the patient, supported by two assistants, attempts to get up and walk. Then the lower extremities stiffen to an excess during extension and adduction, at the same time that the feet assume the attitude of talipes varus equinus. This stiffness, which is often most marked, and occasionally less so, and which affects all the joints of the limbs through the spasmodic action of the muscles, together with the tremulousness which mostly accompanies it, renders walking and standing impossible. That which at first was only a transitory phenomenon is converted in a short time into a permanent symptom. Muscular rigidity persists without intermission in the flexor as well as the extensor muscles, although it predominates in the latter. It becomes equally difficult to excite forcible flexion of the extended limbs and forcible extension of the flexed limbs. Generally, at this time, if you lift up the end of the extended foot, you produce more or less durable tremulousness in the whole of the limb.

Thus, gentlemen, motor impotence is less linked with weakening of innervation than with the spasmodic state of the muscles. In these latter, moreover, nutrition, for a long time, is accomplished in a normal manner. It is only after a long lapse of time that you see the muscles affected with fibrillar movements, and become atrophied throughout their extent, as in the upper extremities. Usually, when this atrophy reaches a certain degree the stiffness diminishes, though it never disappears entirely.

The early invasion of the lower limbs, and the nature of the phenomena of which they are the seat, is a distinctive feature, standing out in contrast with what we know of primary spinal amyotrophy, in which, as you remember, the lower limbs are affected only during the last stages of the disease. They constitute, so to say, the characters of a second stage; the third one being marked, as we are going to see, by the appearance of *bulbar phenomena*.

V. The appearance of these last symptoms is in some way obligatory. Until now they have never been absent. They take in the phenomena which, by their combination, make up the *syndroma* designated by the name of *labio-glosso-laryngeal paralysis*. We will only allude, in passing, to this phase of the disease, as it is a subject to which we must return when we treat in particular of paralysis depending on a bulbar cause.

I will only mention, so as not to omit altogether some of the most interesting features of the picture, the following symptoms:—

1. Paralysis of the tongue, inducing difficulty of swallowing, and difficulty of articulating words, amounting sometimes to total loss of speech. The paralysed tongue soon presents, in the greater number of cases, a certain degree of atrophy; it looks shrunk, as if wrinkled, and is agitated by vermicular movements.

2. Paralysis of the soft palate, which gives a nasal sound to speech, and combines with the laryngeal paralysis in rendering deglutition difficult.

3. Paralysis of the *orbicularis oris*, the chief consequence of which is modification of the features of the face. The mouth is considerably enlarged through the predominating action of the unaffected muscles of the face. The naso-labial grooves are very much marked. These various symptoms give to the physiognomy a whining expression. Occasionally, the mouth remains permanently half open, and permits of an incessant dribbling of viscous saliva.

4. Lastly, on account of the involvement of the first nuclei of the pneumogastric, grave disturbance of respiration and circulation supervenes and brings on the death of the patient, already weakened long before by insufficient nourishment.

I am going to attempt, gentlemen, to sum up in a few features the symptomatologic characters of lateral amyotrophic sclerosis, considered in what we may call its normal conditions.

1. Paresis without anæsthesia of the upper limbs, accompanied by rapid wasting of the *ensemble* of the muscular groups, and preceded occasionally by numbness and formication. Spasmodic rigidity invades at a given moment the paralysed and atrophied muscles, and determines permanent deformity through contraction.

2. The lower limbs are involved in turn. Paresis, at first unattended by anæsthesia, affects them, and progresses rapidly, so as soon to render standing and walking impossible. To these symptoms is added spasmodic stiffness, first intermittent, then permanent, and complicated sometimes by spinal tonic epilepsy. The muscles of the paralysed limbs only become atrophied after a lapse of time, and never to the same degree as those of the upper limbs. The bladder and rectum are never affected. There does not exist any tendency to the formation of eschars.

3. The third stage is constituted by the aggravation of the preceding symptoms and by the appearance of bulbar symptoms.

The three stages succeed each other in a short space of time. Six months to a year after the onset all the symptoms have accumulated, and are more or less strongly marked. Death arrives after two or three years, on an average, through the agency of the bulbar symptoms.

Such is the rule. Of course there exists the chapter of anomalies. These are, however, exceedingly few, and do not alter any of the essential outlines of the picture I have just drawn. Thus the disease in certain cases begins in the lower limbs; in other cases it confines itself in the beginning either to one upper limb or one lower limb. Occasionally it remains limited for some time to one side of the body, in the form of hemiplegia. Lastly, in two cases the disease broke out with bulbar symptoms. But these, I repeat, are only accessory modifications; the *ensemble* of characteristic symptoms does not fail to be soon constituted.

The prognosis so far is exceedingly gloomy. There does not exist, I believe, a single case in which, the existence of all the above symptoms being combined, recovery ever took place. Is this verdict a definitive one? Only time can show.

VI. It remains, gentlemen, for me to bring together the lesions and the symptoms, and, in an investigation of pathological physiology, to seek the link which connects them all.

1. The paresis which comes on from the onset and the permanent contractions which soon follow are incontrovertibly dependent upon lateral and symmetrical sclerosis.

I will remind you that wherever you meet with lateral sclerosis, contraction is sure, sooner or later, to show itself in a more or less marked degree. Thus: (*a*) in sclerosis in disseminated patches; (*b*) in cerebral hemiplegia with consecutive descending sclerosis; (*c*) in transverse myelitis through compression, or spontaneous, when lateral descending degeneration is the result; (*d*) lastly, in primary sclerosis of the lateral fasciculi.

2. Paresis and contraction precede atrophy. This fact is clinically established. We must needs, therefore, admit that lateral sclerosis, upon which they depend, takes place before the lesions of the anterior grey substance to which amyotrophy incontrovertibly attaches. Through what mechanism does the lesion of the grey substance join that of the white fascicles? Is it simply a case of propagation by extension, going on gradually? It is much more likely that the propagation is effected through the agency of the nervous filaments, which normally establish, as you know, a communication between the lateral fascicles and the anterior horns.

3. The system of the lateral fascicles has a tendency to be affected in its whole extent, and that very rapidly. But the lesion does not invade its totality all at once. Thus, as far as we can judge from clinical observations, it first involves the department which is in physiological connexion with the movements of the upper limbs. At a later period it reaches the department connected with the lower ones. Lastly, the group of cerebro-bulbar fascicles is invaded in turn.

It is remarkable that the alterations enumerated in the first and third sections very quickly reach the corresponding portions of the grey substance. Thus, the muscles of the tongue, and those of the upper limbs especially, begin to waste very shortly after the appearance of the paresic symptoms. It is not so in respect to the system connected with the lower limbs; as in these last, the paresis and contraction persist for a long time before amyotrophy accompanies them. These are particularities which we can only point out, without endeavouring for the present to venture upon any plausible explanation.

[*Note.*—The patient referred to in Lecture 1 (see THE LANCET, p. 73) as being then under observation at La Charité has since died. Bulbar symptoms carried him off. The post-mortem was performed by M. Voisin, house-surgeon in the wards of M. Woilles. Examination of the spinal cord, made by M. Gombault, curator of the Faculty, lecturer on morbid anatomy, showed the existence of lateral symmetrical sclerosis, with atrophy of the motor nervous cells in the anterior horns of the cervical region of the cord and in the first nuclei of the bulbar nerves. The anatomical preparations relating to this case were shown to the pupils during a lecture on morbid anatomy at the Faculty of Medicine.]

CALCULUS IMPACTED IN A VESICAL SAC; OPERATION; RECOVERY.

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CASES in which a vesical calculus is impacted in a sac situated in or extending through the walls of the bladder are so rare that I desire to place on record the following example which has recently occurred in my practice.

I saw Mrs. ———, a lady aged fifty-two years, for the first time in June last, with symptoms which made it necessary to sound her. I did so, and found easily and distinctly enough a vesical calculus. I proposed therefore to remove it by any method which should appear to me to be the most appropriate, when, subsequently, under the influence of chloroform, I should ascertain more precisely its size and nature.

Accordingly, on July 6th, the patient having been rendered insensible by Mr. Clover, I introduced a lithotrite, and at once felt the stone on the left side of the bladder (patient's left), but, on attempting to seize it, failed readily to do so. Examining it more deliberately with the lithotrite, I soon learned that it was fixed in some unusual manner. I then withdrew the instrument and slowly carried my index finger through the urethra—often a better and safer mode of dilating the female urethra than any metallic dilator offers,—and found the calculus about one-third exposed in the bladder, and two-thirds contained in a sac and lying outside the cavity of the bladder. A finger in the vagina traced the outline and indicated its size. These conditions were verified in the same way by Mr. Foster and Mr. Clover, the only persons present. Reintroducing my finger, I insinuated my nail within the margin of the sac, and in about two minutes, by carefully working the finger round the stone, succeeded in turning it out of its bed entire into the cavity of the bladder, whence it was readily removed by the forceps after a slight incision in the left side of the urethra.

The annexed outline represents the stone of its exact size and form, the deep indentation corresponding with the neck of the sac, the larger portion of the stone being that which was contained within it, while the smaller was felt bare but immovable in the cavity of the bladder.

I have before operated on two cases of impacted vesical calculus in the male, and have seen two or three cases with others; but this is the first I have met with in the female, in whom they must be extremely rare, since the condition of the bladder which leads to the formation of vesical sacs—namely, obstruction at the neck, leading to protrusion and dilatation of the mucous membrane between the interlacing bands of muscular fibres—can very rarely exist; while this condition is, on the contrary, common in the male.

A rather free oozing of blood persisted during nearly a week, and more pain than usual in the act of micturition. The former has disappeared some days (July 25th); the latter diminishes gradually. The patient retains urine three or four hours, and has had no incontinence whatever.

Wimpole-street.

THE mortality in London last week was at the rate of 25 per 1000 annually. The deaths, 1640 in number, included 52 from scarlet fever, 31 from measles, 2 from small-pox, 4 from diphtheria, 20 from whooping-cough, 26 from different forms of fever, and 389 from diarrhœa. The heavy fatality from the latter disease occurred mainly among the infantile population, no less than 334 of the deaths being of infants under one year of age.

NOTES AND REMARKS
UPON A

CASE OF GRANULAR CONTRACTED KIDNEY (CIRRHOSIS OF KIDNEY),

IN A CHILD OF FIVE YEARS AND ELEVEN MONTHS.

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KATE P——, aged at death five years and eleven months, was always a weakly, delicate child, very active and lively at intervals, often complaining of obscure aches, capricious in her appetite, "pecking like a little bird," her mother says, and very fanciful about her food. The parents are apparently healthy, and come of long-lived families. There is no history or trace of phthisis, syphilis, or gout; but the maternal grandmother is now suffering from chronic rheumatic arthritis. The child never had rheumatism, nor scarlatina, nor measles—in short, appeared to be singularly exempt from the usual troubles of infancy. The first noticeable fact at which we arrive is about two years before death, when the child, being then almost four years old, was found to be in the habit of wetting the bed, and was treated for incontinence of urine. This continued for some time, until the attention was directed to the great quantity of urine passed during the night, the attendant being called up three or four times every night; and about this time, also, the water would run from her as she walked or played during the day. This condition of things appears to have led to a suspicion on the part of the medical attendant at this time of some form of diabetes, and to this and the obvious digestive derangement the treatment seems to have been directed.

It was in June, 1872, that I was first called upon to see this child, when I found her to be quick and lively in her movements, fond of play, and quick at repartee—in fact, what is called a sharp child; but she was soon wearied. She often complained of headache, was rather deaf, and frequently troubled with earache. She would not take her meals regularly, but at odd times; would desire strange dishes; sometimes ate ravenously, and frequently vomited her food. The tongue was foul, the bowels loaded, and the features had a peculiar cachectic appearance, which afterwards became more marked. The quantity of urine passed at this time averaged between three and four pints in the twenty-four hours, with a specific gravity of 1015; and no albumen was detected, though searched for on three or four occasions.

The prominent symptoms were treated, and I did not see the child again until February, 1873, when I was called on in consequence of a convulsion with which the child had been seized the previous night. At this time the symptoms were much the same, and the treatment was followed by an apparent improvement, no second convulsion occurring until immediately before death; but the peculiar brownish pallor had become much more marked. Immediately afterwards the mother took the child away from home for a considerable time, and during the absence several opinions were obtained, the symptoms being referred by the various consultants to the liver, mesentery, &c., to the great confusion and dissatisfaction of the parents.

The next occasion upon which I saw the child was in May, 1873; and at this time I was particularly struck with the peculiar cachectic appearance and the steely whiteness of the conjunctiva in contrast with the brownish-yellow skin. I was informed that the family were about to proceed to Pensarn, North Wales, for a lengthened stay, and was requested to prescribe before they left town. At this time I was led once more to suspect the kidney, and upon inquiry was informed that the urine had now become normal in quantity. I obtained the whole produce of twenty-four hours, which I found to be now barely one pint (sp. gr. 1010), and this gave upon examination abundant evidence of albumen. I immediately communicated with the father, who was then away from home with the family (the patient included), and asked for the opinion of Dr. W. Roberts; but as the child then seemed a little better they scarcely believed in my warnings, and the result was that they did not return to Manchester until the middle of June. Early in the morning of the 17th the child was seized with severe convulsions; and Mr. Hammond, of Gorton, who lived near, was called in, when he found her just recovering "in a semi-conscious condition, the pupils well dilated, and the pulse quick." I quote his description of this portion of the case. "On the 18th she had quite recovered. On the 19th she had three or four attacks; during the intervals she was sensible, and complained of headache. On the 20th there were no convulsions, she was sick several times, and the headache continued. On the 21st, at 5.30 A.M., she was strongly convulsed, the attack affecting the whole body, and she remained in this condition up to 9.30 A.M., and then became partly conscious; the convulsions returned at 11 A.M., and continued till death, about 3 P.M."

In the coma which existed before death the breathing was quiet, without stertor, and the pupils were dilated. On the days which intervened between the earlier attacks there was a peculiar gay delirium, the child laughing and talking and playing with its pillows as with its playmates. Just before death she was seen by Dr. W. Roberts and myself in consultation with Mr. Hammond. The urine was then loaded with albumen, sp. gr. 1010, and quantity three-fourths of a pint in the twenty-four hours, pale in colour, and whitish-looking (milky). No casts were found, though looked for upon three occasions by Mr. Hammond and myself, but some epithelium (renal?); and from first to last there was not the least trace of anasarca. Two days before death she vomited a little blood. (This was the only occasion.) There was no epistaxis.

Sectio cadaveris.—The post-mortem examination, which was made forty-five hours after death, was not permitted to extend beyond the viscera of the chest and abdomen. The body was fairly nourished, and a good layer of fat covered the abdominal muscles. The omentum, mesentery, and intestinal tract seemed to be perfectly healthy. There were no enlarged glands in the mesentery. The stomach presented some appearances of (post-mortem?) thinning. The lungs were free from tubercle, but emphysematous, especially on the surface of the lower lobes. The heart was large, the left ventricle much hypertrophied, and the muscular structure seemed pale; valves normal, and no indications of either endo- or peri-carditis. The liver was apparently healthy, and weighed 18 oz. 28 gr. avoirdupois. The spleen seemed normal, but firmer than usual. The kidneys struck the observer at once by their diminutive appearance, especially the right, which was darker in colour than natural. The left was somewhat paler than the right, but had much the same general appearance. The granular surface was most marked on the right (smaller) kidney; but in both the peculiar bands of fibrous tissue were seen passing into the substance of the organ when the fibrous covering was stripped off. They both cut much firmer and tougher than normal kidneys, and the amount of cortical structure seemed reduced in proportion to the pyramidal. In the left (or larger) kidney were found one or two small cysts, but none were observed in the right (smaller). Measurement: right—length 2 in., breadth 1¼ in.; left—length 2¼ in., breadth 1¼ in. Thickness: right, ½ in.; left, ¾ in. Weight: right, 3 dr. 25 gr., or 205 gr.; left, 5 dr. 44 gr., or 344 gr. In contrast I may record the weight of a normal kidney from a child of one year and eleven months old, which was 640 gr. A solution of iodine applied to one portion did not produce any brown discoloration. There was not the least appearance of œdema in any part of the body.

Microscopic appearances.—When the cut surface of the kidney was scraped, and the result examined by the microscope, the addition of a drop of acetic acid cleared the field, and showed portions of granular casts in the midst of débris, with many scattered oil-globules, and one or two nucleated cells, evidently (squamous) epithelial, and probably derived from the pelvis of the kidney. Sections were made of liver, spleen, and kidney, hardened in chromic acid, and mounted in Canada balsam, and some in glycerine. Some of these were stained with carmine and others with logwood. Afterwards other sections were made from portions of kidney preserved in spirit, and coloured with carmine and logwood. Dr. W. H. Dickinson, of London, was himself kind enough to make some sections, and others were made by Mr. J. Broadbent, of Manchester, and all agreed in the

general characteristics. Thus the liver was found to show a distinct fibroid structure between the lobules; the spleen (although the sections of this organ were somewhat unsatisfactory) showed marked increase of fibrous stroma; and the kidneys presented the following appearances, which I quote from Dr. Dickinson's letter accompanying the sections which he had made:—"1. New growth of highly nucleated fibroid tissue, more or less general, but especially round the vessels,

SECTIONS OF ARTERIES × 65.

a, *a*, *a*. Muscular coat of vessels.
b. Transverse (rather oblique) section of artery.
c. Longitudinal.
d. So-called "hyalin fibroid substance."

Note.—The peculiar crimped or scalloped appearance of the internal coat of the artery is very well shown.

URINIFEROUS TUBES × 65.

a. Sections of tubes.
b. Tubes denuded of epithelium.
c. Tube choked with epithelium, and presenting a sacculated appearance.

and here and there processes passing inwards from the capsule. 2. Some tubes narrowed by compression, others distended with epithelial cells; in some parts epithelial cells scattered indefinitely, as if from the bursting of the tube which once contained them. 3. Thickening of the arteries. The specimen is a most characteristic one of intertubular overgrowth of fibroid tissue; the changes in the tubes are clearly *secondary and consequent*."

The first thing that attracts attention in this case is the extreme rarity of this condition in childhood, the only case at all approaching the present in point of age is one mentioned by Sir W. Gull and Dr. Sutton in their paper recently published in the Medico-Chirurgical Transactions, where this condition of kidney was found in a girl 9 years of age; and at a discussion upon a paper of Dr. Grainger Stewart's at the annual meeting of the British Medical Association in August last Dr. Dickinson remarked that he had known two cases fatal under the age of 14. Of 308 cases tabulated by Dr. Dickinson in his work upon Albuminuria, there was only one under the age of 20 (a boy of 18). Of 33 cases in which this condition was proved by post-mortem examination (Wilks, Guy's Hospital Reports, second series, p. 246), the youngest was a man of 24; and he gives a record of five others, which "were believed to be chronic degeneration of the kidneys of the ordinary granular and contracted kind; occurring, however, in young persons, in whom this disease is not frequent, they were entered in the note-book as deserving special attention"; the youngest of these was a girl of 18, and the eldest a man of 27. Dr. Grainger Stewart remarks in p. 18 of his work upon this disease:—"It is especially a disease of male adults, occurring with increasing frequency in successive decades of life"; and in reply to private inquiry he says, "I have seen a number of cases in which the disease must have begun before 20, but cannot recall a case which proved fatal before that age." The same fact is taught by the table of 79 cases occurring at Guy's Hospital during the years 1869-72, published by Dr. Galabin in his recent thesis "On the Connexion of Bright's Disease with Changes in the Vascular System." It will be interesting to compare these tables.

Table of Cases verified by Post-mortem Examination.

	Dickinson.	Galabin.	Stewart.
Age 11 to 20	1	2	0
„ 21 to 30	24	6	5
„ 31 to 40	50	12	0
„ 41 to 50	93	19	4
„ 51 to 60	76	21	7
„ 61 to 70	47	16	3
„ over 70	17	3	1
Totals	308	79	20

Dickinson remarks of this granular degeneration of the kidney that "it is almost unknown before the age of 20," and the average age of 250 cases recorded by him was 50·2 years. Again, this disease is much rarer in the female than in the male sex. Of the 250 cases recorded at St. George's Hospital, 165 were male and 85 female, a proportion of almost 2 to 1. He further states that "in 67 fatal cases under my own observation, in which the condition of the kidney was ascertained after death, 46 were males and 21 females"—again a proportion of 2 to 1; and it is worthy of note that this case and that mentioned by Sir W. Gull and Dr. Sutton, both so exceptional in point of age, were also both females. It is especially a disease of advanced life. The above tables show that while there are only 38 deaths before the age of 30, there are 369 above that age, and 21 of these occurred in men above the age of 70 years. Next we may remark the obscurity and delusive character of the early symptoms. Dr. Geo. Johnson, referring to this disease under the name of "chronic desquamative nephritis," says, "there are few maladies of so serious a nature and so dangerous a tendency which are equally insidious in their progress." And Dr. Dickinson speaks still more strongly. After describing the very gradual progress of the structural changes, he goes on to say: "The symptoms are developed in the same insidious manner. It is impossible to recognise the disorder until it has reached what is really an advanced stage. The symptoms which then declare its existence are often of such a kind as to be easily attributed to diseases of other organs." Wilks says (*op. cit.*, p. 258): "If a patient come under notice with chronic disease of the kidney, scarcely a reference is made to the urinary organs. . . . . The patient may present himself with fifty different complaints, such as bronchitis, headache, or cramps in the legs. The condition of the artery on feeling the pulse often leads to the suspicion of this disease, a thickened tortuous artery occurring so frequently in morbus Brightii."

If the difficulty is such in adult life, how much is it increased when the patient is a young child!

The dyspeptic disorders, which form the earlier symptoms, are so frequent in childhood, from other and less serious causes, that their special import is very likely to be overlooked. The headache and weariness which were the other chief general symptoms would of course, unless the disease had been recognised, be reconciled with the erroneous conception of the nature of the case. The peculiar pallor seems to me, in looking back, to be the most marked and characteristic of the early signs, and perhaps this, in conjunction with the headache and vomiting, ought to have aroused earlier suspicion; but, on the other hand, there was the absence of any trace of dropsy, no puffiness of the eyelids, or of the feet, and, most misleading of all, the absence of proof upon testing the urine for the presence of albumen. Dr. Geo. Johnson has recorded that, of 33 cases of granular kidney, there was no dropsy whatever in 14, while in many of the remainder it was of the slightest character; and Dickinson states that of 68 cases, 19 "went to their graves with granular degeneration, without dropsy at any period of the complaint" (*op. cit.*, p. 129). As to the latter and most important fact, Dickinson says (*op. cit.*, p. 139), "Early in the disease the urine is free *both from albumen and casts.*" Dr. Geo. Johnson also says of the urine in the early stages of this condition, "In quantity, specific gravity, and colour, it differs very little, if at all, from the standard of health; it is perhaps more acid than usual, but *contains not a trace of albumen.*" It is of interest, regarding the history of this case and the well-marked polyuria in the early stage, to quote Dr. Dickinson a little further. He says (*op. cit.*, p. 128), "It (the urine) is passed more often natural, especially at night, apparently in consequence of its increased quantity, not because it has acquired any irritating quality." If examined in this early stage, it may be found *perfectly free from albumen*, or it may contain only a minute trace." Now at this time the diuresis was the principal symptom in the eyes of the parents and attendants, and was very marked, not only at night, but also in the daytime, so that the urine would run from the child as she walked across the floor, and she was obliged to wear napkins. There was no irritability, but simply a frequency of micturition, from the great quantity of water entering the bladder. Dr. W. Roberts, in his valuable work on Renal Diseases, says, on the other hand, "*Absolute* freedom from albumen, even for short intervals, is very rare. I am convinced that a considerable number of the cases so reported are examples of imperfect testing. When the quantity of albumen is extremely small, nice management is required to detect it. Heat is insufficient. Nitric acid should be allowed to trickle slowly to the bottom of the test-tube, and some minutes allowed to elapse in order to develop the hazy zone above the level of the acid." Dr. Roberts is in this place speaking of Bright's disease generally; elsewhere, in speaking of granular kidney, he says, "In rare cases it (albumen) may even be temporarily absent from the urine." Now I enjoyed the privilege of instruction in urinary examination by Dr. Roberts, and habitually use the method described, yet in the early stage (May, 1872) I did not detect any albumen.

The whiteness of the conjunctiva struck me as the result of contrast with the peculiar brownish colour of the skin, and had not the appearance of œdema at all, but rather a hard, steely glitter. The deafness is a rare symptom. In so young a child we cannot make sure that the sight was not affected, but no complaint was made, nor was anything noticed by the attendants that would lead to such a belief. The solitary convulsion which occurred in February was not seen by any medical man. Dr. Roberts says upon this subject, "An attack of uræmic convulsions may consist of only a single paroxysm. ..... If a first attack does not prove fatal, it may recur at irregular intervals of weeks or months, or be replaced by uræmic symptoms of some other order."* The final scenes of a succession of strong epileptiform convulsions, with short intervals of quiet coma, gradually becoming shorter until death, form a history agreeing exactly with Dr. George Johnson's description of one mode of death from this disease (*op. cit.*, p. 197).

There are several points of interest in the post-mortem appearances.

Firstly, we may notice the presence of vesicular emphysema in the lungs—a point which, unless it is included under the head of bronchitis, is mentioned distinctly by but few of the writers whose works have fallen under my notice. Christison, however, mentions it as a frequent concurrent of granular degeneration of the kidney; and Sir William Gull and Dr. Sutton, in their previously quoted paper (Medico-Chirurgical Transactions, vol. lv.) say: "It is well known that vesicular emphysema and granular contracted kidneys frequently coexist. Of 33 cases of persons about middle age in which the lungs were emphysematous, the kidneys were more or less granular and contracted in 22." And further: "In some of the cases the emphysema was great, while the kidneys were only slightly granular; in other cases the kidneys were much contracted, while the lungs were comparatively little diseased: which facts seemingly show that the emphysema may precede the kidney contraction, or the kidney disease may occur antecedent to the lung disease; and this is fully borne out by clinical experience." Our authors would seem to form a different estimate of the frequency of this complication from that to be derived from the table published in Dr. W. Roberts' work on Renal Diseases. Of 406 autopsies tabulated there (2nd edit., p. 406), only 33 are reported as showing evidence of vesicular emphysema; and Dr. Dickinson, in a table of 68 autopsies under his own observation, where the patients had died from granular degeneration of the kidneys, though he gives 24 in which bronchitis was present, yet does not mention emphysema.

The condition of the spleen is another point of great interest in this case. Grainger Stewart mentions that he found thickening of the capsule of the spleen and increase of the fibrous stroma in 40 per cent. of the cases he examined. Sir W. Gull and his *confrère* state that in these cases they have found the spleen to be "diminished in size, the capsule thickened, on section substance tougher than natural; but the most noticeable alteration was the increased quantity of fibrous tissue. Under the microscope the vessels were seen surrounded by a much larger quantity of fibroid tissue than usual, and in the outer coats of some of the minute arteries hyalin fibroid changes were obvious, and similar to such as occur in the arteries of the kidney and pia mater." Dickinson found thickening of the capsule of the spleen in one-fifth of his cases. The vomiting of blood, like the more usual epistaxis, in these cases, was doubtless due to the high tension of the pulse and the increased arterial pressure. The liver in this case appeared to be normal to the naked eye, but under the microscope there was seen a distinct deposit of fibroid structure around the lobules. Grainger Stewart found cirrhosis of the liver in 15 per cent. of his cases of granular kidney, and this proportion also agrees with that found by Dickinson—viz., 1 in 7. Christison says "the conjunction of disease in the liver is perhaps even more frequent than that of diseased heart."

(To be concluded.)

* Renal Diseases, 1st edit., p. 249.

ON THE RESTORATIVE TREATMENT OF DELIRIUM TREMENS.

BY ARTHUR E. T. LONGHURST, M.D.,
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WHILST desirous of bringing to the notice of the profession the restorative treatment of delirium tremens, I do not wish to occupy time or space by any dissertation on the exact physiological state of the system under which the affection shows itself, nor of the pathology which characterises the attack. For opinions are, I think, pretty well agreed in considering the affection to be one of "nervous exhaustion," originating in whatever causes may conduce to that state, the chief and immediate cause being doubtless a poisoned condition of the blood due to the presence of accumulated and decomposing alcohol in the system; and hence in the nomenclature of disease the affection is now very fitly classed under the head of "poisons,"—and the symptoms, though varied, are easily recognisable. But whilst opinions concur in both the causes and symptoms of the disease, they may be said to differ much as to treatment; and we occasionally still find advocates of some one or other of the old plans—e. g., antimony and opium, or

opium alone (in one or other form and in large doses), digitalis, chloroform, and even alcohol, on the principle of "a hair of the dog that bit you."

A somewhat lengthened experience of the affection in the service, and a study of its symptoms in a variety of climate, have convinced me that such remedies are both mistaken in principle and dangerous in practice; and though unhappily, during the early part of my professional career, whilst carrying out the principles taught in the schools during the time of my studentship, I can call to mind the fatal termination of cases treated by one or other of the old plans, I am glad to think that I have not experienced a fatal case for years past. Indeed, I should now hold myself almost criminally reponsible for the death of a patient treated by any of the old remedies in the somewhat heroic and oft-repeated doses formerly prescribed; especially either opium or alcohol, not a grain nor a drop of which have I given in the treatment of the affection for several years. And, with the blood already poisoned by alcohol, it cannot, I am persuaded, be right to intensify that condition by more alcohol, opium, or any other sedative narcotic, thus subjecting the system to two powerful poisons at the same time, whereby the ganglionic nervous system must be still further oppressed. It is in this way, I think, that we may explain the occasional sudden and fatal termination of cases after surgical operations where morphia has too speedily followed upon chloroform, and in the treatment of disease where the hypodermic injection of morphia has been employed in the delirium of fevers or other form of blood poisoning.

The principles, then, which I would advocate for the treatment of delirium tremens I will arrange in degree of importance in the following order:—1. The elimination of the poison from the system. 2. The restoration of exhausted nerve-power, by the administration of nourishment, and that of a kind most easily and rapidly assimilated. 3. The induction of sleep.

I will now endeavour to point out the method by which the application of the above principles may be best and quickest fulfilled. And I think that the fewer medicines we employ, the better it will be for our patients; whilst in water, especially in the form of a bath, in milk and eggs, we have doubtless both powerful and invaluable remedies.

To fulfil the first indication—the elimination of the poison from the system—we must have recourse to those remedies which, whilst they promote the eliminating power of the skin, lungs, bowels, and kidneys, are not too depressant. Thus the skin may be well acted upon by a tepid or even by a cold bath, according to the strength of the patient, the precise nature of the case under observation, and the season of the year, followed by friction and rubbing with a course towel, the good effect of which can hardly be overrated; for whilst the skin is thereby relieved of alcoholic perspiration and other effete matter from the blood, the sentient extremities of the nerves are roused to more vigorous action, and respiration is rendered temporally more active. A tumbler of cold water given on entering the bath materially increases its efficacy. Of the medicinal remedies best calculated to promote the moderate action of the organs named, none are perhaps better than the compound jalap-powder in conjunction with nitric spirit of ether; and I have usually found one or at most two doses of two drachms of the former and half a drachm of the latter effectually to relieve both the bowels and kidneys.

The second indication for treatment—the restoration of nerve-power—will be found best and most readily accomplished by the administration of warm milk, either alone or with eggs beaten up in it; for, containing as it does every element of nutrition most easily assimilated, it is singularly calculated to repair nervous power and energy; and if we can once succeed in getting our patient to take a quarter or half a pint of warm milk, either alone or with the yelk of an egg beaten up in it, we need scarcely any longer be apprehensive as to the issue of the case, and we can then give a mutton chop or other solid food, which will be another great point gained. It is, however, most important that the milk be taken warm, in order to ensure its rapid and easy digestion. If there is stomach irritability, it must of course be met in the usual way; and if obstinate (though I have not had occasion to try it), I should anticipate the best results from a bladder of ice to the epigastrium, as calculated to restore tone to the nervous system through the especial medium of the solar plexus and the other sympathetic ganglia.

As regards the third principle of treatment—the induction of sleep: having in some measure fulfilled the two former—namely, the eradication of the poison from the system, and the partial restoration of nerve-force by the assimilation of nourishment,—we have doubtless gained a great point in this direction; and, desirable as sleep may be, still I do not advocate the use of many medicines with that object, and I think that in chloral hydrate we have nearly all we want. Indeed, I have so often found that the sleep induced by medicines, especially any form of sedative narcotic, has not been followed by any permanent subsidence of delirium or other urgent symptom; and, from the very transient good effects of sleep thus artificially induced, I am disposed to think that too much stress has been laid upon its importance, and that the value of nourishment in the treatment of delirium tremens has been overlooked.

I shall not here occupy space by the report of cases in support of the above belief, though almost the last case under treatment very forcibly confirmed it; for though several hours of good sound sleep had followed the administration of half a drachm of chloral hydrate, the patient's condition was alarmingly prostrate until egg and milk had been assimilated. Hence I am persuaded that, having once secured the digestion and assimilation of food, we may be less anxious about sleep, and rest satisfied by placing our patient under conditions favourable for it; whilst chloral, judiciously administered, either alone or in milk or some other form of liquid nourishment, is almost the only medicinal hypnotic that I would advocate.

Having thus endeavoured to indicate what appears to me to be a rational method for the treatment of delirium tremens, on the principles set forth in the order named, I feel that these require a liberal interpretation; for doubtless the greatest success in the treatment of this affection, as of most others, will follow the ready appreciation of the most urgent symptoms in this or that particular case. Hence it may be sometimes necessary to disregard the first principle, and at once to direct our efforts to the attainment of the second, by the administration of nourishment; and even to anticipate the third, by placing the patient under conditions favourable to sleep. In like manner, much can be done by judicious general management—by humouring the whims and fancies of a patient, when not of a dangerous character or tendency, and so long as he is carefully watched. Instead of confining a sufferer to the recumbent posture in bed, he may be allowed to be up, to walk about, and to engage in conversation and harmless amusement, whilst the process of digestion and assimilation is going on, or until sleep comes naturally.

Verne Citadel, Portland.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

A CASE OF DISLOCATION BETWEEN THE SECOND AND THIRD CERVICAL VERTEBRÆ; DEATH ON THE FOURTH DAY; CLINICAL REMARKS.

(Under the care of Mr. ERICHSEN.)

For the notes of the following interesting case, and for the report of Mr. Erichsen's clinical remarks, we are indebted to Mr. Maclean, house-surgeon.

W. W——, aged thirty-four, a carpenter, was admitted May 16th, for injuries sustained while getting out of a train before it had stopped, by falling between the platform and the carriages. When picked up he was sensible, and complained of pain in his right arm; and it was noticed that he had had a fæcal motion.

On admission, he was found in the following condition:—

There was an incised wound on the left side of the head, a hæmatoma of the left upper eyelid, and a fracture of the right clavicle at the junction of its middle and outer thirds. There was also extensive bruising of the upper two-thirds of the right arm; and, on palpation, the fingers could easily be placed all round the shaft of the humerus just above the insertion of the deltoid, the skin only intervening. The left deltoid was paralysed, and the power of supinating the left hand was impaired. There was no local bruising about the left shoulder to account for this paralysis, nor was there any pain on passive movement. There was a line of bruising running across the chest from the right axilla to the left side of the sternum, at the level of the second and third ribs. All the movements of the lower extremities were perfect, and the patient had complete control over his bladder. When sitting up, he complained of pain in his neck, which was relieved by supporting the right arm. He was put to bed flat on his back, the head was steadied by sand-bags, and the right arm was placed in a sling.

May 17th.—Very thirsty during the night; did not sleep. 11 A.M: Temperature 100 8° F.; pulse 120; sweating profusely.—11·30 P.M.: Pulse 132; sweating profusely; slept after twenty grains of chloral hydrate.

18th.—Thirst still continues.—10 A.M: Temperature 100·4°; pulse 120; respiration 36.—6.10 P.M.: Temperature 101°; pulse 124; respiration 36. During the night he was very restless, kicking off the bedclothes; did not sleep after twenty grains of chloral hydrate, nor after a draught containing twenty grains of bromide of potassium and twenty drops of tincture of hyoscyamus.

19th.—1 A.M.: Respiration hurried, very restless; answers quite rationally when spoken to; does not complain of pain anywhere.—10.30 A.M.: He got very little sleep last night; face and finger-nails dusky; alæ nasi working; respiration 44; pulse 96; sweat standing in drops on his face; mucus rattles in the throat. He complained greatly of his head being so low; he was then raised up into a half-sitting posture, and supported there with a bed-rest. He said he felt much better and more comfortable, when all of a sudden his pulse at the wrist stopped, his head fell forwards and to the right side, his breathing stopped, and he was apparently dead. The bed-rest was at once removed, an ounce of brandy was given by the rectum, and artificial respiration was begun. The conjunctiva was insensible to touch; pupils equal, small, and insensible to light. In a brief space of time he began to breathe in a short, catching way. The pulse returned, and the conjunctiva became sensitive; pupils reacted to light, and finally he was completely restored to consciousness and was apparently as well as he was before. In a few minutes he began struggling and kicking his legs about with great violence; he soon became quiet, and asked where he was, and, when told, was satisfied. Three minutes later he was evidently dead. Artificial respiration was again resorted to, and brandy was again given by the rectum, but without success.

Autopsy.—The second, third, and fourth ribs on the right side were broken at their points of greatest convexity. Lungs: The greater part of the lower lobe in each lung was collapsed.—Heart: An ante-mortem clot in the right auricular appendix.—No injury to any of the abdominal viscera.—Head: No fracture of the skull; slight recent hæmorrhage beneath the parietal layer of the arachnoid; brain healthy.—On removing the trachea and œsophagus, very extensive extravasation was found in the loose cellular tissue behind them, and a dislocation of the cervical spine between the second and third vertebræ, the greater part of the intervertebral cartilage being adherent to the third vertebra. The ligamentous structures were more lacerated on the left than on the right side, so that while lateral displacement of the upper part of the spine to the right was possible, that to the left was not much more than natural; excessive displacement in the antero-posterior direction easily occurred, and in either case, but especially when moved forwards, there was pressure on the cord. In the right upper extremity the biceps and brachialis anticus were torn across without the skin being broken, and the clavicle was broken at the junction of the outer and middle thirds.

Clinical remarks by Mr. ERICHSEN.—The interesting points in this case are:—1. That on admission he evinced no sign of head injury, nor of paralysis generally; but in the left upper extremity he had lost power over the deltoid and supinator muscles. 2. That there was a dislocation between the second and third cervical vertebræ. 3. That the man lived so long, a point of great medico-legal interest, because it shows that such an injury may be survived. On visiting him I came to the conclusion that he had sustained an injury to the cord in the cervical region, and that that was the cause of the paralysis of a portion of the brachial plexus, the circumflex and the musculo-spiral being the nerves that were paralysed. This clearly pointed to a central origin, which could only be at the spinal cord. I did not diagnose, nor even suspect, the peculiar injury of which he died, because it is very rare and of *very unusual character*. The head and upper two cervical vertebræ were dislocated from the third cervical vertebra, and the dislocation was very perfect, the articulating processes being unbroken.

Fracture may occur anywhere in the spine, but dislocation without, or with very slight, fracture is exceedingly rare. Dislocation of the spine may occur in the following parts:—(1) Between the occiput and atlas. This is very rare. (2) Between the atlas and axis. This, though rare, is much less so than the preceding, and may occur with or without fracture of the odontoid process, and when the odontoid process is broken, death at once ensues. (3) Dislocation between the second and third cervical vertebræ is very rare, as rare as dislocation between the atlas and axis. (4) Dislocation generally happens somewhere between the fifth and seventh cervical vertebræ. Dislocation cannot occur in the dorsal region without fracture, but may occur in the lumbar region. In these cases it will generally be found that the person either has his head crushed downwards and forwards between his shoulders, or falls on his head and then rolls over.

The causes of dislocation are numerous, but may be enumerated as follows:—(1) A person standing in a cart and driving under an archway finds, too late, that he is too tall to clear the archway; he bends forward, but, miscalculating the distance, his head is pressed violently forwards; the supraspinous and interspinous ligaments are torn, and perhaps the intervertebral fibro-cartilage is torn across, or torn off from the subjacent bone, and detaches with it a lamina of that bone. (2) A person takes a header into shallow water, his head comes against the bottom, he rolls over and his spine is broken or dislocated, and such accidents are not very unfrequent. I have seen several cases of paralysis, but not of death, resulting from this kind of accident. Sometimes the child is held up by the chin and the back of the head; the child struggles and the odontoid process gives way, and dislocation occurs between the first two vertebræ. It is naturally always of the highest importance to ascertain, if possible, the nature and seat of an injury to the vertebral column. You may recognise a fracture or a dislocation of the spine and its seat by the evidence of paralysis, more or less complete up to a certain limit. In fact, in all these accidents there is injury done to the contained nerve structures.

The diagnosis of dislocation from fracture at any given point of the spine is very difficult; but there is one symptom which has not been recorded elsewhere, so far as I am aware, which existed in this case, and which I have observed in other instances. When there is a fracture across the spine with compression of the cord, you get paralysis of all the parts below the seat of fracture; and at the seat of fracture, and where sharp points of bone project, you get the spinal nerves at their issue irritated by the sharp edges of the fractured bone. You will, therefore, almost invariably find paralysis of the parts below, but none in the parts above the seat of fracture, and there is *intense pain at the line of junction of the paralysed and non-paralysed parts*—e. g., in a fracture across the spine in the dorsal region everything is paralysed from the seat of fracture downwards; but there is intercostal neuralgia at the line of junction of the paralysed and non-paralysed parts. In dislocation, on the other hand, you may get paralysis, but you do not get neuralgia. Had it been fracture of the spine in this case, you would have had a line of hyperæsthesia between the paralysed and non-paralysed parts. The great probability in all cases of severe injury to the spine is that there is a fracture.

The prognosis in cases of fracture or dislocation in any portion of the spinal column is always more or less grave, but varies greatly with the seat of the lesion. Dislocation of the spine obeys the same conditions as fracture of the spine as regards fatality. Every fracture above the fourth

cervical vertebra compressing the cord causes instant death, because paralysis of the phrenic and the other respiratory nerves results. In the same way death is in most cases instantaneous when there is a dislocation above the fourth cervical vertebra.

GUY'S HOSPITAL.

A CASE OF TYPHUS FEVER RAPIDLY FATAL, AND A CASE OF SUDDEN DEATH.

FOR the notes of the following cases we are indebted to Mr. Henry Ashby, house-physician.

Typhus rapidly fatal. — R. P——, aged thirty-four, a strongly-built man, was brought to the out-patient department on July 6th. His brother, who accompanied him, stated that he had done his work as lighterman up to the afternoon of July 4th. For a few days previously he had complained of giddiness, pains in the back, and of languor. He had got up on the morning of July 5th at 5 A.M. to go to his work, thinking it was Tuesday, when in reality it was Sunday. His wife followed him, and persuaded him to come home and go to bed for the rest of the day. He got up again on the 6th to go to his work, but was brought home by a policeman, as he behaved so strangely, and at midday his friends brought him to the hospital as he was "not right in his head." His skin was hot, tongue tremulous, and he seemed only imperfectly to understand what was said. Thinking it was possibly delirium tremens, a history of drinking was inquired for, but it was found that, though accustomed to get drunk, the patient had not been drinking. On stripping his chest for examination, the mottled typhus rash was at once apparent. The same evening the temperature was 104·6° F.; respiration 44; pulse 136. He was very delirious, constantly getting out of bed and making for the door, and spitting at everything about him.

July 7th.—Is constantly talking and trying to get out of bed; takes his beef-tea well, and six ounces of wine. Temperature 104°; respiration 48; pulse 138, full and strong. Being troublesome in the evening, he was ordered fifteen grains of chloral hydrate, and repeated in two hours.

8th. — Temperature 103°; respiration 48; pulse 138. Is much quieter, but weaker. He can hardly protrude his tongue; it is very tremulous, brown, and dry. Urine highly albuminous. Pulse irregular. Ordered six ounces of brandy.

9th.—Is much weaker. Will only take brandy and milk. Temperature 102·6°; respiration 60; pulse 108, very irregular; hands tremulous. Ordered carbonate of ammonia and infusion of serpentaria.

10th. — Temperature 102·2°; respiration 61; pulse 117, very weak and irregular; face congested; rash no longer fades on pressure; is very weak. Died at 2 P.M.

At the autopsy no special lesion of any organ was found, except frothy mucus in bronchial tubes and congestion of lungs.

The case is interesting from its sudden onset, the delirium being the only symptom apparent to his friends, who thought he was out of his mind.

Sudden death; gastritis.—A man was recently brought to the surgery who had died just as he was carried into the hospital. It was stated that he had got into the train at Spa-road, and was found in a dying condition by the company's servants at London-bridge, between 8 and 9 A.M.

At the autopsy, six hours after death, all the organs of the body, including brain, heart, and liver, were found perfectly healthy. The heart weighed seventeen ounces, but its structure was good. The stomach presented an extremely congested appearance. It was empty, with the exception of a little mucus; contracted; the rugæ well marked; surface covered with mucus. Opposite the œsophageal opening the vessels were full and large, small points as well as patches of extravasated blood giving it the appearance of intense inflammation. The œsophagus was healthy, and the congestion ceased at the duodenum. The intestines were somewhat red, and contained the remains of fruit. The mucus in the stomach was slightly acid; there was no very characteristic odour.

In the absence of any history of symptoms, and the healthy state of the other viscera, the case had a suspicious look. Evidence, however, was produced to show that the man was given to chronic alcoholism in the shape of spirits; had complained of want of appetite and pain in the stomach for some days past, and had had a debauch the night before. This, doubtless, was the cause of the congested state of the stomach. It appeared the man had only taken a little tea for breakfast, with no solid food, ran off to catch a train, and had almost immediately been noticed to turn pale and apparently faint.

There are three or four post-mortems annually at Guy's of sudden death, where no cause of death is found, an apparently healthy heart suddenly ceasing to beat. Doubtless many deaths from chloroform are closely allied to the above cases of fatal syncope.

The interest of the case in question was due to the sudden death when the patient was suffering from the effects of drink. Probably no known poison would produce sudden death under such conditions.

HÔPITAL LA PITIÉ.

CASE OF HYDATIDS OF THE HUMERUS.

(Under the care of Dr. LÉON LABBÉ.)

THIS interesting case is at present to be seen in the wards of Dr. Léon Labbé at the above hospital. The history of the patient—a mechanic, aged twenty-seven—may be summed up briefly as follows:—

In the month of March, 1870, he was admitted into the wards of Dr. Labbé, in the Hôpital St. Antoine, for non-consolidated fracture of the humerus, which had existed nearly two years. The patient on admission was stated to be of a weak constitution, and as having had frequent maladies (variola, scarlatina, typhoid fever, frequent bronchitis, &c.) He related that six or seven years previously he had begun to feel, whilst at work, a peculiar sensation of fatigue and discomfort in the right shoulder. The shoulder-joint was frequently affected with pain, which disappeared after rest. He attributed the pain to a habit which he had of working with his arms bare. These symptoms did not increase in any marked degree, but the arm was weak, so that the patient used it as little as possible. After a few months he could work only in a particular attitude, the right arm being kept close to the body, the forearm alone moving about, whilst the humerus was kept perfectly motionless.

In August, 1868, he fell from a tree (the height being about seven feet). Though he fell safely on his feet, he felt intense pain in the situation of the right arm. A medical man who was called in stated that the humerus was fractured. The patient asserts, in the most positive manner, that in his fall from the tree the arm never struck against either the tree or the earth; but he remembers having made a rapid and energetic effort to take hold of a branch with the right arm. Shock alone, he thought, had broken the bone. A dextrinated apparatus was immediately applied, and was left on undisturbed during two months. When it was withdrawn the arm was seen to have lost considerable flesh. Movements in all its joints were very difficult. Consolidation had not even commenced. The fragments turned round each other as on the day of the accident. Notwithstanding this state the patient tried to resume his work. He got through it as he could, confining himself to easy things, and keeping the arm, to which he had applied splints and a bandage, quite close to the body. The arm had somewhat recovered its strength and flesh, when one day in March, 1870, the patient, forgetting his condition, attempted to lift a heavy weight. He instantly felt a most severe pain in the arm, which became quite helpless, and it was then he entered the wards of St. Antoine.

The local state, on examination, presented the following particulars:—The humerus at the junction of its upper two-fifths and its lower three-fifths was the seat of a pseudarthrosis; the osseous fragments constituting it were cut aslant, and were very elongated. The right arm was somewhat smaller than the left. Around the fragments there existed no hard or soft growths which could conceal them; towards the head of the humerus there existed a hard tumour of the size of an almond, and situated in the deeper parts; towards the termination of the tendon of the pectoralis major muscle were found some small tumours, seeming to have a pedicle of irregular shape, and presenting the con-

sistence of cartilage. On the finger being pushed into the armpit in this situation, a crepitating noise, like that of emphysema, was occasionally heard. There was no pain in the arm.

After resting some time in the hospital, the patient could make better use of his arm; he could carry it to his head, pick up things, but not push them; movements of circumduction were impossible.

Dr. Labbé, convinced that in this advanced state of things consolidation could not be effected by means of immobilisation, and that, moreover, there must exist some peculiar lesion of the osseous substance, decided on attempting osseous suture, with resection of the fragments, if necessary. Consequently, a long incision was made along the external surface of the arm, in the situation of the pseudarthrosis. It was with great difficulty that the fragments, cut very obliquely and exceedingly sharp, could be brought into view. As soon, however, as they were reached, the wound gave issue to a flow of turbid serum of a yellowish hue, and containing a quantity of cheesy-like clots of matter. This issue of fluid continued for a long time and was very considerable. The bones were uncovered to a considerable extent, and were found greatly altered. The extremities were friable, and had lost their periosteum over an extent of an inch and a half. All this portion was removed, but as the disease certainly extended further, Dr. Labbé decided on osseous suture. In the situation of the fracture several portions of membrane were removed and reserved for microscopical examination. Dressings with carbolic acid were applied.

During the following days considerable swelling, accompanied by severe pain, supervened. Abundant suppuration took place; and on May 4th, the house-surgeon, who was injecting a solution of carbolic acid, witnessed the issue of, and collected, two cysts of echinococci, of the size of playing-marbles, of a pearl-white hue and quite unimpaired. On the following day another cyst came away. The swelling increased considerably. An abscess formed, and burst through the deltoid. Washings made through the opening showed the existence of a large communication with the wound lower down. During eight days every washing brought away a varying number of cysts exactly like the first ones. About fifty came away during that space of time. The larger ones were of the size of a small apple, and were usually broken; the smaller ones were of the size of a gooseberry. Suppuration became most abundant; small fragments of bone coming away with the pus. Presently symptoms of hectic manifested themselves: extraordinary weakness, diarrhœa, shiverings, pulse 125 to 135, temperature about 40° C. This lasted ten days. Washings with alcohol-and-water, and even with pure alcohol, four or five times daily, produced an amendment.

It would be tedious to give a detailed account of the consecutive state. The symptoms were very much like the preceding. Numerous abscesses formed along the humerus. The shoulder became the seat of an immense swelling, which extended down to the chest in front and behind. Abscesses formed on the chest. The shoulder and arm were everywhere crossed with drainage-tubes, through which washings were made frequently every day. As soon as any particular of this plan of treatment was omitted, hectic again immediately supervened. The forearm and hand were also very much swollen. Here compression was used with much benefit. Compression was also made with care over the alcoholic dressings which were applied to the openings of the wounds. A great many sinuses, treated as above, closed and healed. But as soon as an abscess closed, another formed in the neighbourhood, and had to be opened. More than twenty were thus opened in June and July. The patient improved in August. The shoulder and arm were riddled with holes; each, however, led into only a narrow sinus, with very little suppuration. The probe, introduced into these openings, could nowhere detect a denuded osseous surface.

The siege of Paris then came on, during which the patient was somewhat lost sight of, and entrusted to the care of a dresser, who continued the dressings with alcohol. In March, 1871, the patient was found out, much better in every respect. The bones had completely consolidated. The humerus, in the situation formerly occupied by the pseudarthrosis, was very thick, and perfectly consolidated. In this situation, as also in others at the top of the humerus and behind the shoulder, were to be seen some eight or ten round apertures, surrounded by cicatricial tissue, suppurating only a little, and through which no traces of denuded bone could be detected with the probe. The shoulder was still the seat of considerable general swelling. The arm could scarcely be drawn from the chest. The joints of the elbow and wrist were stiff.

During the two following months injections with the liqueur de Villate were made into the fistulæ. At the same time compression was exerted on the shoulder and arm, whilst gentle movements were made in the joints of the elbow, wrist, and fingers. These articulations were evidently benefited thereby; that of the shoulder, however, remained almost entirely immovable. The slight movements made by the patient evidently accompanied the scapula, which was itself but very slightly movable amidst the general swelling of the region. Compression, however, gradually restored the existence of the supraclavicular region. The collar-bone became visible in its whole length. The patient's general condition was getting to be very satisfactory; he had recovered his healthy appearance, and gained flesh.

He was in this state in the beginning of July, 1871, when, during the absence of Dr. Labbé, he asked leave to quit the hospital, and, as his address was unknown, he was lost sight of.

In the month of February, 1873, the patient again made his appearance, and begged to be admitted into the wards (then La Pitié Hospital). There then remained only one fistulous opening, seated in the region of the shoulder, and through which a few drops of matter oozed every day. The humerus was found perfectly solid throughout its continuity. The stump of the shoulder was still larger than in the normal state.

One morning in the month of June he showed Dr. Labbé a large whitish pouch, which was at once recognised as an hydatid pouch. Two years had elapsed since any escape of hydatids had taken place.

At the time of writing, the only thing left is a small fistulous opening. The shoulder is still somewhat large. No new exit of hydatids has taken place. It is difficult to say whether the source is dried up. At all events no new accidents have occurred. The general condition of the patient is excellent in every respect. He eats well, sleeps well, and has plenty of flesh. He has been kept in the hospital several months, so that he may be able to be sent to an hospice (asylum), as it is difficult for him to work at any trade requiring great exertion. He is shortly to enter Bicêtre Hospice.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 1ST, 1874.

DR. E. J. TILT, PRESIDENT, IN THE CHAIR.

DR. HAYES stated that though the report on Dr. Daly's specimen of Medullary Cancer of the Cervix Uteri, exhibited at last meeting, was not quite ready, there was no doubt about the case being one of malignant degeneration.

INSTRUMENT FOR RELIEF OF ANTEFLEXION.

Dr. GALTON exhibited a curved metal stem supporting a box-wood crutch, which passes up into the anterior cul de sac of the vagina in front of the cervix uteri, being kept in position by a spring resting externally on the pubis, the two being connected by a swivel joint, which allows of a free movement of rotation of the inner limb. The case in which it had been successfully employed was a very aggravated one, the lady being confined to her couch, and morphia injections hypodermically being resorted to twice daily during the menopause, and thrice daily during the periods, without affording more than temporary relief. The instrument was worn continuously for three years, and succeeded perfectly in relieving the patient. In another case of anteflexion complicated by fibroid of the fundus, the employment of the instrument was only attended by temporary relief, and in another case its use was not persevered in. Dr. Aveling had called attention to a similar form of instrument

in 1869. Dr Galton thought the case worth recording, as showing that anteflexion could be successfully treated without resorting to intra-uterine stems, which Dr. Marion Sims stated had been entirely discontinued in America, but were still recommended by many practitioners in England.

Dr. ROUTH could not understand how the instrument kept in position.

Dr. AVELING thought there would be a difficulty in getting the spring to act properly.

Dr. J. C. HAYES exhibited the macerated Os Innominatum of the case of malignant disease shown at a previous meeting.

Dr. HAYES also exhibited the Uterus and Appendages of a patient who had died under Dr. George Johnson's care from heart disease, which was probably congenital. She was twenty-eight years of age, single, and had complained of no uterine symptoms. The catamenia were absent the last four months of life. After death both ovaries were found prolapsed (the uterus occupying its normal position); they were uniformly enlarged, the right one containing a cyst about the size of a pea, the left one having three similar cysts, which appeared to be aborted Graafian vesicles. Attached to the right broad ligament, between the fimbriated end of the Fallopian tube and the outer margin of the ovary, was a fluctuating sessile cyst, of a pear-shaped form, about the size of a plover's egg, which had probably originated in one of the tubules of the organ of Rosenmuller.

FATTY PLACENTA.

Dr. HAYES also exhibited a Fatty Placenta taken from a patient who furnished a very instructive history. She was thirty-seven years of age, and married sixteen years. There were no grounds for any suspicion of syphilis. She bore three living and perfectly healthy children. During her fourth pregnancy she received a severe fright, and shortly afterwards was delivered prematurely of an eight months' still-born fœtus. Her health then began to fail, and in succession followed twelve still-born children, nearly all of which had reached at least seven months' maturity. During the last four or five pregnancies she had suffered from serious and frequent hæmorrhages, dating from the third month of gestation, and occurring sometimes every fortnight till labour supervened; they were quite sudden, and without any recognisable cause, and came in gushes, not unfrequently during the night, unattended by pains. When first seen in February, 1874, she was four months advanced in pregnancy, and had had two serious losses of blood. She was very anæmic and extremely debilitated. Rest was enjoined, and fifteen minims of the solution of perchloride of iron prescribed thrice daily. Her colour and strength rapidly came back, and there was no return of the hæmorrhage. Fœtal movements were distinctly felt until within six days of labour, which happened at full term, and the fœtus, though small, bore all the appearances of maturity, and seemed to have been dead about a week. Since the birth of her last living child gestation had never continued so long. The placenta was small, weighing 12½ oz. It had a pale-yellowish appearance, and contained little blood. Nodules of fat, characteristic to the naked eye, were studded over the maternal surface, especially along its margin. The fatty change was most advanced towards this surface, a large portion of the decidua being merely an aggregation of oil-globules. The adjoining fœtal villi, with the investing chorion, were seriously affected; but those close upon the fœtal surface were simply granular in appearance. Dr. Hayes referred to Dr. Barnes's investigations of this disease published in the Medico-Chirurgical Transactions. He considered the disease in this case to have originated in the maternal portion of the placenta, this view being borne out by the weakly condition of the patient and microscopical examination. No doubt the previous premature births and the hæmorrhages had been due to the same condition of placenta. He could not regard the disease as originating in placentitis; this was contrary to all analogy. It was a degenerative change, occurring under the same conditions which induced fatty heart, fatty kidneys, and fatty arteries in the brain. Should the patient become again pregnant, the propriety of inducing artificially premature labour would be considered.

The PRESIDENT suggested that Dr. Aveling should examine the case of prolapsed ovaries with Dr. Hayes.

Dr. HEYWOOD SMITH thought the cyst in the ovary was sufficient to account for the prolapsus.

Dr. HAYES thought it could not be explained in this manner.

Dr. BARNES, in reference to the case of fatty placenta, thought that the case proved that the disease may originate during the life of the child. This notion had been controverted. It was said to take place after the death of the child, but it was hardly possible that all this mischief could have occurred in the short time after the death of the child. It was much more likely to have preceded this event, and, in fact, caused the premature destruction of the child. As regards the change commencing in the maternal or fœtal portion of the placenta, it affected mainly the villi of the chorion. He had not stated that the change arose from placentitis; he likened it to fatty degeneration of other organs. The case was full of interest, and had important pathological bearings.

PELVIC HÆMATOCELE.

Dr. ROGERS exhibited a specimen removed (post mortem) from a patient who had been married nine years. Had one child seven years previously. Never pregnant since, nor had any miscarriages. For twelve months past she had felt at times pain in the lower abdomen, especially at the catamenial epochs, when the losses had been very great. She had noticed a tumour in the abdomen for seven weeks before admission, though she believes it might have been there much longer. On examination it was thought to be a fibroid of the uterus; it was mobile, filling up the left side of the pelvis. A sponge tent was inserted in the cervix, and subsequently a sea-tangle tent. The posterior wall was felt to be hard and apparently solid. The uterine sound passed 3½ in. Four of his colleagues examined the patient, and, together with Dr. Greenhalgh, believed it to be a fibroid of the posterior wall of the uterus, which might be treated by enucleation. The pulse went up to 135, and the temperature to 104·5° F., and sickness and pain ensued. These symptoms subsided under the influence of salines and opium. On June 27th she suddenly complained of faintness and icy coldness. Hot water was applied to the abdomen, and stimulants administered, but she died, apparently from syncope, shortly afterwards. At the post-mortem examination, on opening the abdomen a large central tumour, resembling a pregnant uterus at the fifth month, was seen. It was mobile, and there was a quantity of fluid and some clotted blood in the pelvic cavity. On incising the tumour it was found to be filled with a hard, firm, black mass, which was turned out and examined. It was structureless, and whitish in parts. The uterus measured five inches in length and three broad. Behind, above, and around this the cyst had formed, and lengthened out towards the right ovary, being about the size of a child's head. The right Fallopian tube was closed, and on the external surface seemed to pass into the right ovary, which contained a hard, stellate mass. The cyst appeared lined by membrane composed of two layers. On examining the stellate mass, nothing but blood-corpuscles and fibrin could be detected.

The PRESIDENT inquired when the hæmatocele originated.

Dr. ROUTH stated that when he saw the body on the post-mortem table the breasts presented all the signs of pregnancy, and on opening the abdomen it still looked as if she were pregnant; and even now it was a question whether it was not a case of extra-uterine fœtation. If it were a hæmatocele, there must have been a gradual oozing of blood for six or seven weeks and a sudden increase on the day of her death. The lining membrane of the uterus did not present the appearances of a decidual membrane.

Dr. BARNES stated that he had seen two cases of hæmatocele during the last month. In one, ending fatally, the cyst was opened during life per vaginam and blood removed, the cyst being curiously mobile. In another case, in hospital, he had no intention of opening the cyst. He considered formerly that the danger of the cyst rupturing into the peritoneum was small, but now he thought it more serious. If the hæmorrhage went on and the cyst increased in size, puncturing should be resorted to. In another case, where the hæmatocele was clearly mapped out, spontaneous opening into the roof of the vagina occurred, and the cyst gradually contracted and closed, the hæmatocele disappearing.

Dr. PROTHEROE SMITH asked Dr. Rogers if he had, from

the history of the case, or from the ordinary symptoms which indicate the formation of hæmatocele, suspected the nature of the malady before death. He had now a similar case in the Hospital for Women, which was admitted with a large swelling occupying the left sacro-iliac fossa, and extending beyond the mesial line to the right, having the semi-elastic, doughy feeling which indicates hæmatocele. Active symptoms of great constitutional distress having supervened, with a high temperature and quick pulse, he used the aspirator per rectum, and the escape of broken-down coagula of blood declared the diagnosis, and was followed by amelioration of symptoms and a continued discharge of fetid black matter.

The PRESIDENT remarked that, as there seemed to be some obscurity about the case, he would refer it to Dr. Rogers and Dr. Heywood Smith.

SERRATED SCISSORS.

Dr. PROTHEROE SMITH exhibited some newly-invented scissors, manufactured by Messrs. Mayer and Meltzer, which, by transfixing and cutting clean through any tissue, ensured a smooth and definite incision to any previously determined extent. One pair was straight, having one blade probe-pointed for dividing the cervix uteri; another was curved, to facilitate the removal of condylomatous growths or tonsils; bony structures could also be severed by them. He had recently employed them for extending the abdominal incision in a case of ovariotomy, making smooth and even edges. Dr. Richardson's toothed scissors were efficient for perforating and tearing, as in mastication, but did not act like Dr. Protheroe Smith's.

Dr. BARNES referred to Kuchenmeister's metrotome scissors, one blade of which was provided with a small recurved hook, as being similar in principle. Dr. Richardson's scissors answered well, but did not give additional security against bleeding.

Dr. AVELING thought that in cases of hysterotomy there was an objection to the employment of scissors, as they produce disfigurement and distortion of the parts subsequently.

INVERSIO UTERI.

Dr. CHAMBERS related the particulars of a case occurring in the practice of a midwife, where the inversion was complete. The patient, aged twenty-seven, was safely delivered, this being her second labour. Half an hour afterwards hæmorrhage commenced, the placenta not being expelled. Traction was made on the cord; there was severe abdominal contraction; a violent shriek of pain, and a round, ovoid body protruded from the vulva. The hæmorrhage was very severe. Dr. Chambers was sent for, but, not being at home, his nephew went. On his arrival he found the patient cold, exsanguine, gasping, moribund. The placenta was removed, and an attempt made to return the uterus, but unsuccessfully. At the autopsy, twenty-four hours after death, rigor mortis was well marked. The body was well nourished, and the uterus was found to be partially reinverted, and gave the idea that had the patient been seen earlier, before she had lost so much blood, and the efforts at returning the uterus been persevered in, complete reduction would have taken place. The patient was seen too late to allow of transfusion being attempted.

RETENTION OF URINE, FROM A RETROFLEXED GRAVID UTERUS.

The patient, aged thirty-two, had borne four children; the last over three years since. She had been "regular" till November, and until February believed herself pregnant, when, whilst hanging clothes on the line, a pig bit her foot and frightened her very much. This was followed by pelvic pain and a vaginal discharge. Rest was enjoined, and she went on well for a week. She was then seized with sudden severe abdominal pain, the abdomen began to swell, and she lost health rapidly. Seven weeks afterwards the abdomen measured thirty-nine inches at the umbilicus. The case was supposed to be ovarian; a tense, elastic tumour, giving a thrill of fluctuation, being detected. On passing a catheter, twelve pints of urine charged with blood were drawn off, but it had little or no urinous smell. After this, the abdominal tumour decreased in size. On further examination, a retroflexed gravid uterus was detected. The patient being much exhausted, she was left until the next day, when Dr. Barnes saw her. The pulse rose to 144, and there was excessive tenderness over the abdomen. The uterine sound passed in three inches upwards and forwards, and the case was looked upon as hæmatocele, but on passing the hand into the vagina, a fœtus of four or five months' maturity was removed. The uterus was found to be fixed in the pelvis. The patient being very exsanguine, transfusion with lamb's blood—to ten ounces—was resorted to. There was a faint attempt at restoration, with much excitement, and the patient died one hour afterwards. On making a post-mortem, an elastic tumour was detected in the abdomen, the bladder being filled with two pounds, by weight, of black clotted blood. At the fundus of the bladder was a hardened, infiltrated mass, from which the hæmorrhage had taken place. The transverse muscular fibres were very well seen. The uterus was found to be retroflexed.

Dr. GODSON referred to a case of retroflexion of the gravid uterus with cystitis, where the whole of the lining membrane of the bladder came away, exposing the muscular fibres. The patient went to her full time, was safely delivered, and is still living, though she cannot hold her water for more than a few minutes.

Dr. BARNES stated that he considered the patient died from retroversion of the pregnant uterus; though there were symptoms of peritonitis, none were detected post mortem. She died from exhaustion and uræmia.

The PRESIDENT requested Dr. Chambers and Dr. Hayes to examine the specimen further and report upon it.

INTRA-UTERINE TUMOUR; REMOVAL; SUBSEQUENT PREGNANCY; DELIVERY BY TURNING; POST-PARTUM HÆMORRHAGE; RECOVERY.

Dr. WYNN WILLIAMS related the particulars of a case where severe uterine hæmorrhage had been going on for a twelvemonth in a patient aged thirty-four, who had had two children, the last one more than three years previously. In a subsequent miscarriage she nearly died of hæmorrhage. When first seen, the abdomen was found to be as much distended as a woman's would be at the full term of pregnancy. A large intra-uterine fibroid or polypoid growth was removed by means of the écraseur in several successive operations. She made an excellent recovery. Eleven months afterwards she aborted at the third month, and had severe hæmorrhage. She again became pregnant, and on labour setting in the uterus was found to be high up above the pelvic brim, the head presenting. After waiting several hours, chloroform was administered and turning accomplished after much difficulty, a dead child, weighing ten pounds, being ultimately extracted. Hæmorrhage supervened three hours after delivery. A piece of sponge saturated with equal parts of solution of perchloride of iron and water was passed into the uterus, and the bleeding ceased forthwith. The sponge was withdrawn on the following day.

The PRESIDENT remarked that the case was interesting, as showing the occurrence of pregnancy after the removal of a fibroid weighing eighteen ounces, and the influence of the iron in restraining the hæmorrhage.

Dr. AVELING thought that the method of using the iron, leaving the sponge in utero, was a questionable proceeding; the contraction of the uterus rendered the withdrawal of the sponge difficult, and if the string attached to it should break, it would be very awkward. He considered it a bad practice.

Dr. HEYWOOD SMITH thought that, in operating for fibroids of the uterus, it should be done rapidly, as Dr. Marion Sims suggested, to avoid septicæmia.

Dr. ROGERS thought the whole of the mass had been taken away at two sittings, one in the evening and one next morning.

Dr. ROUTH remarked that when matters were retained in utero we did not get septicæmia; it was only when they were partially expelled in the vagina. The application of plugs, dipped in tincture of iodine, to the surface, renewed every three or four hours, would succeed where carbolic acid failed in averting septicæmia.

The PRESIDENT alluded to some cases where a practitioner in Cuba injected a solution of iodine and iodide of potassium into the uterus immediately after parturition with a view to prevent puerperal mischief.

Dr. CLEVELAND doubted the propriety of administering morphia so soon after delivery, especially if the uterus had not properly contracted. He would have preferred to watch the patient.

Dr. WILLIAMS, in reply to Dr. Aveling, stated that he had never experienced any difficulty in removing the sponge. The contractions of the uterus forced the sponge out into the vagina. He considered the success of his method mainly attributable to it. In early abortion and in non-pregnant uteri, he preferred swabbing out the cavity of the uterus with the iron. In reply to Dr. Routh, Dr. Williams stated that he himself had introduced the employment of iodine as an antiseptic; even tainted meat washed with a solution of three drachms of tincture of iodine to eight ounces of water became perfectly wholesome.

Dr. W. SCHNEGIERIEF, physician to the Moscow Hospital, read a paper on

VAGINISMUS.

After alluding to the conflicting statements of Dr. Marion Sims and Scanzoni, he related the history of several cases that had been under his own care, showing that there were two different forms of the disorder, the one being regarded as inflammatory, and the other as nervous or hyperæsthetic.

Dr. EDIS thought, after carefully perusing the paper, that the deductions drawn from the first case cited scarcely carried conviction. She was a "virgo intacta," and was only seen once. The second case seemed due to vaginitis and granular cervix. The paper was a most instructive one, and would form a valuable addition to the Transactions, the cases being given in a clear and graphic manner, and the observations on their pathology and treatment well worthy of perusal.

The PRESIDENT remarked that he had only met with one case where no tangible cause existed. She was very nervous, and subject to epileptic fits. In all other cases some definite cause for it had been discovered, such as ulceration, &c. He considered Dr. Marion Sims' operation very rarely necessary; forcible dilatation, under chloroform, by means of the two thumbs placed back to back, being generally sufficient to overcome the obstacle.

Dr. JOHN WILLIAMS remarked that in the first case alluded to by Dr. Edis there were three distinct painful points which, when touched, caused spasm of the urethra. He thought the paper one of great interest.

Reviews and Notices of Books.

Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques. Dr. JACCOUD, Directeur de la Redaction. Tome XVIII. Hyd—Inf. Paris: J. B. Baillière et Fils. 1874.

THE present volume contains three articles of great length and value—Hysteria, by G. Bernutz, pp. 189–298; Infanticide, by A. Tardieu, pp. 536–606; and Inflammation, by A. Heurtaux, pp. 606–843—besides the following, which are of subsidiary importance: Hydrocele, by L. A. de St. Germain; Hydrophobie, by F. Labadie-Lagrave; Hydropisie, by I. Strauss; Hydrothérapie, by Beni-Barde; Hypnotisme, by Mathias Duval; Hypochondrie, by A. Foville, fils; Ichthyosis and Impetigo, by A. Hardy; Ictère, by Jules Simon; Identité, by A. Tardieu; Iliaque, by A. Desprès; Illusions, by A. Motet; Impuissance, by F. Siredey; Inanition, by R. Lépine; Incontinence, by Desormeaux.

We have so recently noticed M. Beni-Barde's large treatise on Hydrotherapeutics that it is unnecessary to allude to the contents of the article on this subject further than to say that it is an epitome of that work, and that the principal forms of baths and their effects are very satisfactorily given by one who has evidently devoted great attention to it.

The article on Hypnotism, by M. Mathias Duval, is a very interesting one. He defines it as a compulsory nervous sleep, or artificial somnambulism, accompanied by singular phenomena of catalepsy, anæsthesia, and hyperæsthesia. He describes the various methods of inducing this state adopted by Braid, Demarquay, Giraud-Teulon, Gigot Suard, and others, and gives in detail some of the curious results observed. It does not appear, however, that he has himself had any experience of hypnotism, nor that he is at all sanguine of its being introduced into surgery as a means of inducing anæsthesia. He considers that most of the phenomena observed are due to imagination; but this explanation is inadequate to meet many well-known facts, and is not worked out half so well as by Dr. Carpenter, whose recently published treatise on Mental Physiology we recommend to M. Duval's notice.

In the article on Hysteria, M. Bernutz ridicules the old idea of the disease being caused in any way by compression of the ovaries, though this has recently been again advanced by M. Chairon. He gives a large number of cases from his own experience where pressure was produced by various causes on the ovaries without the development of hysteria; on the other hand, he recognises chronic pelviperitonitis as a common antecedent. He regards as the predisposing causes—sex, arrival at the age of puberty, heredity, moral influences, and lesion of the generative organs; whilst the exciting cause is any lively impression, whether physical or moral. In regard to age, out of 820 cases of which M. Bernutz has obtained statistics, the development of the disease occurred 259 times between the ages of fifteen and twenty, and 157 times between the ages of ten and fifteen; thus more than half the cases occurred before, during, or just after the first appearance of the catamenia. Continence, given by some authors as a cause, he thinks is of very doubtful influence. He has not been able to observe the vermicular movements of the uterus stated by Recamier to accompany the attack; and after giving a very life-like account of a severe attack, he acknowledges his inability to point out any precise symptom which is pathognomonic or capable of affording in all cases a means of discrimination between hysteria and epilepsy. He speaks at considerable length on the condition of lethargy or coma which occasionally succeeds attacks of hysteria, and which there can be no doubt has sometimes led to premature interment, and reproduces the remarkable case recorded by Pfendler, in which, after twenty-eight hours of supposed death, electricity having been in the meantime carefully applied by J. P. Franck, preparations for burial were commenced, when respiratory movements were observed, and, by the application of friction and other means, life was restored. In this instance not only were the pulse, sounds of the heart, and respiratory movements absent, but an odour of incipient putrefaction was observed; perhaps, as M. Bernutz remarks, due to the decomposition of the insensible perspiration. In regard to symptoms, he is in full accord with Briquet, who observes that it is not far from the truth to say that one-half of all those women who suffer from hysteria never have an attack of the disease—that is to say, never present the sudden outbreak of the group of symptoms which collectively represent hysteria. He calls particular attention to the gastric disorders which are so commonly associated with the hysteric diathesis, if it may be so called, evidencing themselves by epigastric pains, disorders of the appetite, vomiting, &c.; and dwells at length upon the hyperæsthesia of the muscles of the back, or rachialgia, long ago pointed out by Sydenham as chiefly affecting the upper and left part of the dorsal region, and also upon the local anæsthesia of the skin so often present, which, constituting the supposed "mark of the devil," has led to so many women being judicially consigned to a cruel death by burning. The prognosis, he says, justly should be a grave one in almost all cases, not so much because there is any danger to life, as because it is apt to lead to the saddest infirmities, and because, even when it is comparatively mild in its development, it may poison the happiness not only of the patient but of all those who surround her. In regard to treatment, he condemns the reading of novels, and quotes

with approbation the amusing observation of Tissot, "Toute fille qui lit des romans à quinze ans devient nerveuse à vingt." He recommends moderately early marriages for hysterical patients. The various narcotic drugs have, in his hands, proved of great value; the employment of electricity is most serviceable in the paralysis of sense and movements, and the best form is that of localised faradisation. On the whole, this is an excellent article, carefully written, free from exaggeration, and a capital guide for the practitioner.

M. Heurtaux, in the admirable article on Inflammation, which runs over nearly 250 closely-printed and large pages, has given a very complete view of the subject. He commences with a short historical summary, which is all the better since it does not do more than just refer to obsolete and inaccurate views until he arrives at the period when Virchow endeavoured to explain the phenomena of inflammation in far too exclusive and limited a manner, by reference to the changes occurring in connective-tissue corpuscles alone—a dictum which nevertheless contained the germs of truth, the general tendency of modern inquiry being to show, as M. Heurtaux expresses it, that "inflammation is a disorder of nutrition, which tends to restore the cellular elements to the embryonic state, and is accompanied usually by the deposit of fibrinous matter in the inflamed parts, which may produce a peculiar fluid, pus; and of which the lesions, where transitory, may disappear without leaving any trace, or may result in the destruction of the organ, or may terminate in the formation of connective tissue." Such is the last definition of inflammation. In treating of inflammation in its anatomical and pathological aspects, he speaks successively—(1) of the lesions of cells; (2) of the disorders of the vascular system; (3) of the exudates; and, finally, of the terminations of inflammation. The lesions of cells are well illustrated by reference to Redfern's observations on cartilage, to the numerous recent researches by a multitude of observers on the cornea, and to the researches of Cornil and Ranvier on the omentum, which have collectively rendered our knowledge of the changes that take place in cells extremely precise and perfect. The interest of the circulatory troubles chiefly centres in the changes of size undergone by the blood-vessels, and the escape or emigration of the white corpuscles from them. M. Heurtaux admits, with Cohnheim, that there is a primary contraction of the vessels, often of very brief duration, followed by passive relaxation: the former commencing in the arterioles, though somewhat irregularly, so as to render them moniliform, and extending promptly to the capillaries and more slowly to the veins; the latter at a variable interval following the same order. In speaking of the great accumulation and development of cellular elements in an inflamed part, he observes that the theory of new cell formation in a blastema tends to pass away. Its defenders are few, because there is a general indisposition to believe in the spontaneous development of organised elements in a fluid, and partly because no positive facts have been made out establishing it as a certainty. The second great theory propounded by Goodsir and Virchow of the origin of the cell-elements from those of connective tissue has an undoubted basis in facts which have been clearly and accurately made out, but it is not sufficiently comprehensive. In conjunction, however, with the observations of Cohnheim and others on the emigration of the leucocytes, most of the phenomena of inflammation, so far as the cells are concerned, can now be explained. M. Heurtaux refers to a most remarkable experiment of Recklinghausen, that, if true, would overthrow all theories in which the essence of inflammation is referred to changes in either the vessels or the nerves. Recklinghausen's experiment consists in cauterising the cornea of an animal, removing it from the animal, and retaining it for a day or two in blood, serum, or aqueous humour, with the aid of a moist chamber. Pus-corpuscles can then be seen to develop around the point cauterised, and there is manifestly a new formation of cells without the assistance of either nerves or vessels. Unfortunately, M. Recklinghausen's statements have not received satisfactory corroboration from other observers; and even amongst those who admit their general accuracy a different explanation is given, the new cells being believed to have another origin. The various forms of exudation are then described, and are reduced to two—serum and fibrin. M. Heurtaux shows that the material effused soon ceases to be mere liquor sanguinis undergoing various changes consequent upon the direct action upon it of the anatomical elements of the tissue, and he of course strongly condemns the views of Virchow and his school, who admit a fibrinous dyscrasia of the blood, and regard inflammation as a fortunate crisis, in which the excess of fibrin is collected at one point. M. Heurtaux dismisses the subject of specific inflammation, as syphilis, tuberculosis, diphtheria, &c., very briefly, as they are or will be treated of at length in other parts of the Dictionary. He observes, however, that ordinary syphilitic inflammatory lesions have nothing peculiar about them except, perhaps, in the single case of syphilitic gummata, which are characterised by being composed of small nodules proceeding from hyperplasia of connective tissue. At the periphery of the nodule the cellular elements are well developed and living, whilst at the centre the cells are small, atrophied, and rapidly undergo granular and fatty degeneration. Gummata are distinguished from fibromata in that they present centres of proliferation abutting on other parts undergoing atrophy, and they differ from tubercles because they are interpenetrated by vessels, and, even when of considerable duration, are firm and solid and possess a thick and adherent fibrous investment. A separate section is devoted to the inflammation of the several tissues, which might, we think, have been extended with advantage. The last division of the subject is devoted to treatment, which, however, is again somewhat curtly given. Taking quinine, for example, he only says that it seems to paralyse the cardiac ganglia, and that it is useful in pernicious fevers and acute rheumatic affections of the joints. In view of recent researches upon the action of quinine, something more than this might have been said. Altogether, however, the volume is a very interesting one.

OUR LIBRARY TABLE.

The Marienbad Spa and the Diseases curable by its Waters and Baths. By A. VICTOR JAGIELSKI, M.D. Berlin, late Physician to the Prussian Army. London: Trübner and Co. 1874.—This is a favourable specimen of what may be called Spa-literature—a class of book which has risen greatly in accuracy and precision since the well-known treatise published many years ago by the late Dr. A. B. Granville. Within the last decade Marienbad has risen much in professional and public estimation; its waters are extensively exported, and they appear regularly in every list of every importation-house for such products in London. Dr. Jagielski has an old and intimate acquaintance with their virtues; from their use in his father's house when a boy, all through his professional life. They come from two sources, the Kreuzbrunnen and Ferdinandsbrunnen, whose temperature, like that of all the other springs of Marienbad, is cold, = 48° Fahr. They are clear and effervescing, rapidly evolving carbonic acid gas, which rises in the shape of small pearls; of a somewhat sharp, and, at first, agreeably acidulous taste, becoming almost pungent; very salt, and slightly astringent. They possess, in particular, a large

amount of sulphate and carbonate of soda, chloride of sodium, and free carbonic acid—on which account they occupy the first rank among alkaline saline waters. Dr. Jagielski describes clearly their physiological effects, and gives general indications for their use, particularly under the heads of "Diseases of the Digestive System" and "Diseases of the Nervous System." The remainder of his little book is usefully and agreeably filled up with practical directions as to hygiene and diet, the use of mud-baths and gas-baths, &c., with historical and descriptive details—all conveyed in a style which, like the accent of a refined foreigner, has a marked but by no means unpleasant effect.

Quarterly Journal of Microscopical Science. Edited by Dr. PAYNE, Mr. LANKESTER, and Professor THISELTON DYER. No. LV. July, 1874. J. and A. Churchill.—This part contains—1. An essay by Dr. Foster on the term Endothelium, which he proposes to discard. 2. The Gastræa Theory, the Phylogenetic Classification of the Animal Kingdom, and the Homology of the Germ Lamellæ, by Ernst Haeckel, translated by Dr. Wright. 3. On the Arranging and Cataloguing of Microscopical Specimens, by J. W. Groves. 4. Note on the Picrocarminate of Ammonia as an agent for Colouring Microscopic Specimens, by Mr. G. C. Baber. 5. On Diatomaceæ from Spitzbergen, by the Rev. E. O'Meara, many of which are new species. 6. On Clavopora hystricis — a new Polyzoon belonging to the family Halcyonellem, by G. Busk. 7. On the Etiology of Madura Foot, by the Rev. M. Berkeley, in which that gentleman confirms Dr. Vandyke Carter's view that it is a vegetable growth, in opposition to a writer in the *Indian Medical Gazette.* 8. On Asexual Growth from the Prothallus of Pteris critica, by Dr. W. Farlow. 9. Torquatella typica, a new type of Infusoria, allied to the Ciliata, by Dr. E. Ray Lankester. 10. On the Heart of Appendicularia furcata, and the development of its Muscular Fibres, by Dr. E. Ray Lankester. There is the usual Quarterly Journal of Microscopy. There are five plates in this part.

Golden Truths for Thoughtful Men. By HAROLD. London: Dean and Son. 1874.—It is too true that of the million and a half of parliamentary electors on the present register tens of thousands care nothing about politics, and, by consequence, abstain from actively participating in the contests that from time to time arise. This little work is written to arouse such persons from their torpor, and to open their eyes to the momentous issues resolving themselves around them. From a far-reaching historical induction the author draws a series of conclusions, which he embodies in an aphoristic form, and which point to the constitutional monarchy as the best type of government. The Conservative will admit his argument to be eminently safe; while the Radical will be prone to stigmatise it as unphilosophical. *Non nostrum inter eos tantas componere lites;* but there are features in the book which hardly any reader can fail to recognise: that it comes from an able thinker; that its tone is candid, and its expression graceful and clear.

The Birth of Chemistry. By G. F. RODWELL, F.R.A.S., F.C.S., Science Master in Marlborough College, &c. *Nature* Series. Macmillan and Co. 1874.—Probably no man living is so intimately acquainted with the early history of chemistry—the long labour which preceded its true birth—as Mr. Rodwell. For years past he has published at irregular intervals papers upon his favourite subject which have exhibited no ordinary learning and diligence. We are glad to see this reprint of some of his most valuable notes, and congratulate him on the very interesting, and indeed amusing, book he has produced. The history of science has been too little cultivated. Every minute point connected with the season

"Of Art's spring birth, so dim and dewy,"

is explored with the utmost earnestness; literature, theology, and philosophy have all their historians; but too many of the older workers in science have hitherto been strangely neglected. They exist to most of us but as names, their works having long ago merged into the great sea of our modern knowledge. We hope Mr. Rodwell's book will raise an interest in some of these old heroes, who, in spite of their imperfect knowledge and many errors, left a lasting debt of gratitude to their descendants.

Annuario delle Scienze Mediche. Riassunto delle piu importanti pubblicazioni dell' anno. Per i Dottori P. SCHIVARDI e G. PINI. Anno IV. 11. 1873. Milano, Roma, Napoli, Palermo. Dottor FRANCESCO VALLARDI edit. 1874.—We have noticed this useful work on previous occasions. Like the medical abstracts with which we are acquainted in this country, the object of this publication is to gather together and present the reader with a *précis* of the principal medical and surgical occurrences, discoveries, and labours of the year, as well as those connected with physiology and sciences allied to that of the medical. It is well done, and the fruits of scientific investigation have been culled from the literature of Germany, France, England, Italy, and America.

Five Years' Surgical Work in the Manchester Royal Infirmary. By EDWARD LUND, F.R.C.S., one of the Surgeons to the Hospital, and Member of the Senate of the Owens College, Manchester. Manchester: J. E. Cornish, 33, Piccadilly, and London. Simpkin, Marshall, and Co. 1874.—This is the reprint of a paper that appeared in the Liverpool and Manchester Medical and Surgical Reports, and the author's object in publishing it in a separate form is to secure for it a wider circulation than could be obtained through that channel. We began this small volume by dipping into it here and there, and ended by reading it altogether with both pleasure and profit. It is what it pretends to be, and gives the author's surgical practice in ordinary as well as extraordinary cases, in such a way that its perusal is the next best thing to accompanying him round his wards. We might extract several practical observations bearing on the treatment of every-day cases, such as contusions, sprains, burns, diseased bursæ, fractures, &c., but our readers may do this for themselves with more advantage.

Diary of Medical Officer of Health; A Week Book of Registered Deaths; A House-to-House Inspection Book, &c., with cross-ruled paper for working out figures.—Messrs. Tarrant and Frost, of Merthyr Tydfil, have favoured us with copies of the above series of forms, &c., prepared for the use of medical officers of health, by Mr. Thomas Jones Dyke, the medical officer of health for Merthyr Tydfil. These forms are compendious and compact, the compactness admitting of their being put together in very handy books. Mr. Dyke's large experience is a guarantee of the sufficiency of the forms, and we can testify to the convenience of their arrangement for use and to the reasonableness of their cost.

New Inventions.

AN INSTRUMENT FOR FACILITATING THE INTRODUCTION OF THE ELASTIC LIGATURE.

THERE can be little doubt that many simple surgical operations may be advantageously performed by means of the elastic ligature; but the difficulty experienced in getting the india-rubber cord through a fistula in ano, or several times under the base of a tumour, so that it may be cut through in segments, has materially detracted from the general usefulness of Professor Dittel's method.

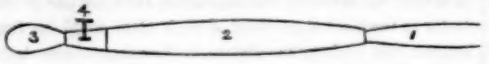
Mr. Allingham has devised, and Messrs. Krohne and

Sesemann have perfected for him, a very simple instrument for drawing the rubber through a fistulous passage or beneath a tumour. It consists in the combination of a concealed hook or notch with a blunt or sharp pointed probe, as the case may require. A shows the curved probe with the hook concealed by the sliding canula, ready to be passed through a fistula, or, if a sharp point be substituted for a blunt point, under a tumour. B exhibits the instrument with the canula drawn back and the previously concealed notch exposed, ready to receive the loop of india-rubber; when this is placed in the notch the canula is pushed home and the ligature is held so firmly that it cannot escape. Thus a double ligature can be readily drawn through a fistula or under a tumour. It is not necessary, in fistula, to see the hook, for if the finger with a loop of india-rubber around it be passed up the rectum, the loop can with great facility be directed over the end of the probe and caught in the notch quite unassisted by vision. C shows the sharp-

pointed instrument adapted to the same canula, so that only one handle and one canula are required to complete the double instrument.

MINOR SURGERY CLAMP.

THE engraving represents in section a very handy clamp for the elastic ligature (made for Mr. Richard Davy, surgeon to the Westminster Hospital, by Blaize and Co., 69, St. James's-street, S.W.); and it has been used successfully for operations on the phalanges, circumcision, removal of warts from penis, &c. The same mechanism may be readily adapted for major operations. The ends (1) of the elastic band are placed at one aperture of the tunneled handle (2); the loop (3) occupies the other. The surgeon, having made



sufficient traction on the elastic loop around the phalanx or penis, turns the screw (4) on, and fixes the bands. The assistant's hold on the handle is very conveniently out of the way of the operator.

RAIN TANKS: THEIR SOURCES OF DANGER, AND HOW TO AVOID THEM.

A GOOD deal has recently been written regarding this subject, and a leading article in *The Times* of the 9th ultimo might lead to the impression that rain-tanks may be used with safety, although constructed in the most rough and ready way. Mr. Chas. E. Straton, the medical officer of health to the Wilton Rural Sanitary Authority, has combated this idea in a little pamphlet entitled "Dangers to be guarded against in village water-supply." He has endeavoured to show that their use without certain precautions is unsafe. He illustrates this by an appeal to occurrences within his own experience as medical officer of health. For instance, he takes the case of a group of six semi-detached cottages where the rain was collected from their roofs and those of their outbuildings, and stored in two tanks. The water, on analysis, proved to be so impregnated with organic matter as to be unfit for potable or culinary purposes, and Mr. Straton found that during the last four years 23·5 per cent. of the whole typhoid fever of the Stapleford district occurred in those six cottages. He also refers to another and nearly parallel case of six cottages in another district. In these two districts, with an area of about fifty-seven square miles, and containing over a thousand dwelling houses, more than one-fourth of the whole typhoid fever for the past four years occurred in these twelve rain-supplied, though in themselves excellent cottages. The rain in rural districts being essentially a pure water, it follows that the fault lies in the means of its collection, and Mr. Straton makes some practical suggestions in regard to this and the storage of the water. The collecting area should be sufficient to afford a supply of at least five gallons per head per diem. The tank should be capable of containing four months' supply, but should not exceed fifteen feet in depth, the necessary capacity being attained by increase in diameter. The collecting area should not include the roof of either privy or pigstye, as water readily absorbs foul gases. The roof should be of slate, and the periodical cleansing of both roof and eaves-troughs should be secured, particularly where birds are plentiful, and the keeping of pigeons should be prohibited. As the materials of which the tank is constructed are liable to crack from subsidence of the soil or from lateral hydrostatic pressure in wet seasons, the site for the tank should be remote from privies, cesspools, and drains. The cement should be carried over the dome to the man-hole, which should be above the level of the surrounding soil, and carefully and securely covered. The tank should be constructed so as to act as a filter, and be protected from the influence of heat and light, and the overflow-pipe should have a sufficient fall, be properly cemented in its course, and discharge itself by a free open end into a channel. Mr. Straton believes the best form of tank to be a circular one, built of concrete, backed by twelve inches of clay puddle, and lined with three coats of cement, domed over, and closed with a proper man-hole. In the centre of this he would place an eighteen-inch cylinder of common drain-pipe, properly cemented at the joints, rising to above the level of the overflow-pipe, and perforated for twelve inches at its base by half-inch holes. The cylinder is to be filled for eighteen inches with lump charcoal, and surrounded by a sand and gravel filtering-bed, occupying the remaining part of the area of the tank, and three feet deep. The feed-pipe should be outside the cylinder, the pump-pipe within it, and the highest suction-hole of the pump-pipe so arranged as to leave always a thin layer of water on the filtering-bed, in order to prevent the disturbance of the top layer of sand. The sand for about two inches in depth must be removed and renewed, and the charcoal washed in Condy's fluid, about once in two or three years, to keep up the action of the filter.

FROM the annual report of the Local Government Board, Ireland, it appears that the average daily number of persons receiving relief in workhouses was 46,711, and that the number of inmates of workhouses on the 14th February last was greater by 16,734 than the number at the corresponding date in the preceding year. The average weekly rate of mortality amounted to 5·1 per 1000 inmates. The expenditure in out-door relief amounted to £91,154, and £7910 for maintenance in asylums and externe hospitals, the sums for sanitary purposes being equal to £6774 for the year. There were issued 500,377 dispensary tickets, and 191,649 visiting tickets. 138,873 cases were vaccinated, and 959 certificates given in the case of dangerous lunatics. The medical expenses amounted to £139,169, and the total disbursement of poor-rates for all purposes was £959,736, or at the rate of 1s. 4¼d. in the pound on the valuation.

THE LANCET.

LONDON: SATURDAY, AUGUST 1, 1874.

IN the volume of THE LANCET which has just been completed were related two cases of great interest, both from a pathological and general point of view. The first was a case of Paralysis of the outer half of the Retina from Embolism of the Arteria Centralis Retinæ; the second, a Sudden Death from Embolism of the Inferior Vena Cava. Little or no improvement followed treatment in the first of these cases; the second was almost beyond help before treatment commenced. The history of this last case is peculiarly interesting, almost sensational. A man, some fifty years of age, suffers from slight inflammation about a number of varicose veins of his right leg. He scarcely lays up, so slight is the disease. In a few days after the first commencement of his trouble he presents himself before the doctor, expressing himself well, but desiring a day or two more of leave to accustom his leg to the elastic stocking. On leaving the surgery he is overtaken by a shower of rain, runs a few steps for shelter, when a feeling of faintness comes over him. Tightness of the chest, gasping for breath, a weak fluttering pulse, a countenance becoming rapidly livid, are almost all the symptoms; but in less than an hour from the time when the attack began, he is dead. The autopsy reveals "a tough clot, greyish-yellow in some parts," almost completely filling the inferior vena cava, the nucleus of which clot appears to have been provided by a detached portion of firm clot from the veins of the right leg. Such is the history of a case of sudden death from embolism—a disease unknown little more than twenty years ago, and still called "the newly-discovered cause of death" in 1869 in the letter of Dr. FARR to the Registrar-General. In 1866 embolism just appeared as a separate cause of death in the Registrar-General's reports. The numbers—seven males and eleven females—have steadily increased almost every year, until in 1871 they reached fifty-four males and seventy-one females, the number of females always in excess of that of the males, the greatest number of deaths generally taking place between the ages of twenty-five and fifty-five. Quickly as the figures have grown, they are undoubtedly far short of the actual number who die annually from this disease; for in spite of all that has been written about it, and all the work which has been done on the subject, practitioners generally are far from being conversant with its real pathology, and still less with its clinical history. Numbers of cases of sudden or rapid death are still returned as due to disease of the heart, to apoplexy, and other causes which should rightly be ascribed to embolism. Other cases, in which death is less speedy, are set down to softening of the brain, gangrene, or paraplegia—due all of them often enough to the plugging of vessels by the floating of an embolus from some other part of the circulation to the affected part.

In the last edition of COOPER'S Surgical Dictionary we find the disease described as "a vascular obstruction caused by any body detached from the internal surface of the heart or of the vessels." The definition is placed under the heading Thrombosis, as the most natural of all bodies to be thus detached is of course a clot or thrombus. As long ago as 1837 LEGROUX hinted at the possibility of such clots being washed into the vessels of the lower extremity in order to explain the pathology of a case of gangrene. The same explanation was again employed by LAUGIER a few years later. But it is to VIRCHOW that we owe our knowledge of the relation between clots in veins and the emboli in arteries or remote veins. To KIRKES, too, we are indebted in England for pointing out how clots are carried from the cardiac valves, are lodged in the vessels of the brain, and there produce softening of the brain or speedy death. The wonderful intelligence and skill shown by VIRCHOW in deducing and working out the points of this subject have long been the theme of admiration of all pathologists, experimental or otherwise. It had generally been supposed that clots found in arteries and veins were formed *in loco*, whilst their formation was attributed to inflammation of the vessel coats, to arteritis, or phlebitis. VIRCHOW, however, noticing that the clots were often much older in appearance than had been supposed before death—that they were frequently seated at the fork formed by the division of a vessel—that the central portion of a clot often showed very different characters from the peripheral portions—and, withal, that in almost all cases, by careful search, clots similar in character to the central portions of such clots could be found in some vein perhaps far distant in the course of circulation,—was led to examine closely into the doctrines universally received at that time. Other points soon appeared, leading still more strongly to the belief that such clots were carried from more or less distant parts of the circulation and became impacted in the pulmonary arteries—the vessels to which his attention was first directed. A course of experiments was undertaken, by which it was proved that it was possible for large bodies to be carried from the veins through the heart into the arteries. The old theories of the clotting of blood due to inflammation of the vessels were gradually discovered to be less often true than the reverse of this; clotting of the blood or the presence of a clot proving to be the cause and not the effect of the changes in the vessels. The history of the first formation of clots in veins was worked out; the various causes which lead to their formation were explained; their later history, with the changes which ensue in them, were slowly made known. Each link in the long chain of events was discovered by the labour and endurance of the great pathologist, until at length the whole subject unfolded itself with a clearness not to be mistaken, and the foundation of what is now justly considered as "one of the most important" subjects which "can engage the attention of the scientific surgeon" or physician was firmly laid. Had VIRCHOW done no other scientific work than this, it is sufficient to mark him as the most able of pathologists. At the same time, the clinical symptoms which accompany the sudden obstruction of some of the large vessels were noted, and the ground on which to study these more carefully was rendered plain. Numerous observers have followed since in the footsteps of VIRCHOW,

some desiring to confirm his experiments, others hoping to confute them; but the main facts have remained firm.

We have said that the researches of VIRCHOW were chiefly confined to emboli in the vessels of the lungs. At various periods, however, he extended his observations to other parts with the same energy and the same success. In England we are justly proud of having first discovered through Dr. KIRKES the relation between embolic softening of the brain and heart disease. Our knowledge of the whole subject has been gradually increasing since its first discovery; the labours of PANUM, COHN, COHNHEIM, PAGET, and others all contributing to throw light upon it. Amongst the many results attributed to embolism are sudden death, apoplexy, acute mania, amaurosis, angina, paraplegia, abscesses, and gangrene; and still the list is only half complete. The relation between emboli and the secondary abscesses of pyæmia is well known as a matter of theory in some cases, and of almost certainty in others. When first discovered it was hoped that all the features of pyæmia might be explained by the carrying of clot by the vessels; but we have been compelled to confess ourselves still at fault with regard to many of them. So strongly have some of those who are well acquainted with the mechanism of embolism and with certain of its results been imbued with the importance of the subject, that they have attempted to trace every sudden illness, every speedy or sudden death, to its potent influence. It may be that the most sanguine of us are still far within the limits in our credence of the effects of this disease; it may be that it gives the final stroke in a vast number of cases where it is yet unsuspected by us, and that it more often still plays an active part in our lesser ailments. But we must be careful not to allow our imagination to carry us too far; for it is possible that we have been led to attribute more to the agency of embolism than is really due to it.

SLOW is the march of sanitary improvement. Probably no science is more gradual than public hygiene. Much of this may be accounted for by defective *modus operandi*—the sanitarian being like the general of an army in a region comparatively unexplored, where the topography has yet to be mapped out and the appropriate dispositions to be made. Legislation for the public health has hitherto lost much of its efficacy by beginning at the wrong end. It has harassed, not only vested interests, but the people it designed to benefit. It has imposed penalties where it ought to have removed temptation. It has sought to cure where it ought to have prevented. Of late years, however, it has awoke to the proper *ratio agendi*; and this, mainly, under the pressure of a more enlightened public opinion. For, after all, the true source and centre of social improvement is education—the diffusion of that knowledge which is also power. Once let the people become the intelligent custodiers of their own health; once let them be as exacting with reference to the sanitary conditions under which they live as they are with reference to their political rights,—and a speedy end will be put to the swinish mode of existence which thousands of them are content to lead. "Sixty years since" the habits of the upper classes were the reverse of temperate. Excessive conviviality was even vaunted as a merit. *Nous avons changé tout cela*; and the man who would enter a drawing-room in a state of vulgar excitement would simply incur social ostracism. Education, finer tastes, and the effect of example have done their work on the "upper ten." What is to prevent the same influences equally benefiting the "million"?

Improved dwellings is the first condition on which the more intelligent of the working classes are insisting, and in which the sanitary reformer is most eagerly co-operating with them. Miss OCTAVIA HILL, who contributes to the new number of *Macmillan's Magazine* an interesting account of her recent work, has long made the amelioration of London dwellings the object of her philanthropic life. No one is more practically cognisant than she of the impediments that obstruct sanitary progress in this direction. The difficulty of removing architectural disadvantages in purlieus where every inch of ground is built over, where the owners have no interest in awarding a larger share of light and air to their tenants, and where no Building Act exists to compel them, has taxed private effort to the utmost, but to little purpose. Houses, again, abound which it would be most desirable in the interests of their tenants to buy and renovate, but which, on account of defects or absence of title, no person wishing to lay out money in improvements would ever venture to purchase. "A man is found in possession who is willing to sell, but has no title-deeds. Such a person of course cares only to collect the rents, and carefully abstains from spending anything on the property for fear of losing the value of his improvements should anyone with a better title appear. I have met," adds Miss OCTAVIA HILL, "with many properties which I should have been glad to get under my care, but which difficulties of this nature have kept me from buying." In her despair of finding any solution to the difficulty in London, where the Metropolitan Association had provided, in thirty years' time, accommodation for only 26,000 people, she turned to Glasgow, where, since 1866, an Act for the improvement of the city has been in operation.

In Glasgow the population had long been living huddled in masses—50,000 people herding on eighty acres. Air and light were deficient in most of the houses, which had become the haunt of paupers and thieves. The promoters of the Act cut at the root of the evil. They borrowed, with parliamentary sanction, a million and a quarter. They obtained powers to pull down, rebuild, or sell—in fact, to change the place. They imposed a rate, first of sixpence in the pound, then of fourpence, next of threepence, intending to reduce it finally to twopence. They quietly bought up a large amount of property before they did anything, as the price would have risen had they begun to improve before completing their purchases. They bought, with scarce a dispute, one million's worth of property, and had resold at a profit three hundred thousands pounds' worth, selling the sites under restrictions for a million. They cleared away fever houses; they widened streets; they ran new thoroughfares through the mass of buildings. They did not build themselves, but let the public know that houses were wanted, and builders rushed in and erected whole streets. Empowered to demolish only when a house was unsafe, not when in an insanitary condition, they could have done

nothing without the Act of 1866, which gave them powers of compulsory purchase and compensation. The city was widely benefited by the work. Brothels were reduced to 15 per cent. Haunts of thieves and fever preserves were broken up. Whisky-shops fell in number. The moral as well as the physical improvement was marked.

Glasgow having furnished such a precedent, Miss Octavia Hill and her fellow-workers sought for similar powers of compulsory purchase—powers which are given every day to railway companies, and are conferred, *pro re natâ*, on the Metropolitan Board of Works. No doubt the absence of any municipal government for London, analogous to that of Glasgow, was a difficulty; but, unwilling to postpone action until such a government had been organised for London, they would entrust the necessary powers to the Corporation in the City and to the Metropolitan Board of Works in the other districts for the present. A report embodying this view was accordingly drawn up, and the Home Secretary memorialised to prepare a Bill for Parliament containing provisions against the existing evils. No action, we fear, can be taken this session; but in the meantime Miss Octavia Hill and her friends are doing the next best thing, by calling the attention of the public to the renovation effected in Glasgow—a city in many respects much less tractable than London. There the Improvement Act has worked in such a way as to effect the sanitary reform of the whole city. In London the chief difficulty towards a similar consummation is the great distance of the suburbs from the more crowded districts. While in Glasgow cheap land may be had in the outskirts, whence the workmen, displaced from the "wynds," have not too far to go to their work, the London suburbs are too remote even for tramways like those in Glasgow; and accordingly there will always be a section of her workmen who must live near their employment. For these the Improvement Act must provide, by purchasing, pulling down, and rebuilding the old houses, and letting rooms in the reconstructed buildings at less than the rent which was paid in the original houses. Even in these circumstances a return of £5 per cent. net profit has been made to the landlord on all moneys laid out, whether in purchase, demolition, or building operations. Companies and private builders, in fact, would see their way to a profitable undertaking, and, as at Glasgow (where no philanthropic building societies exist), would come in and replace by proper tenements those which the sanitarian had condemned. In any case the architectural renovation of lower-class London must be slow; but let it not be indefinitely postponed by aiming too high at first. Better provide a tolerable building which will pay than a perfect one which will not. Sanitary improvement is, as we set out by stating, tardy. To register its movement is like recording that of a glacier. But once enter on the path struck out by Glasgow and adopted by Miss Octavia Hill and her friends, and before the century closes we may see the metropolis of the world boasting a mightier remodeling than the Rome of Augustus, who found the Eternal City made of brick and left it of marble.

There is now, it would seem, little doubt that Plague has again appeared on the Lower Euphrates, and probably also in Northern Africa. The scene of the outbreak on the Lower Euphrates is the district occupied by the Affij Arabs, south and west of Devanieh; and the disease would appear to have extended as high up the Euphrates as Hillah. The nature of the disease has been verified by a Medical Commission appointed by the Ottoman Government, and which examined cases at Hillah, at Devanieh, at Dagarah, and in the village of Affij, in all of which places plague was more or less prevalent at the time the Commission visited them. In the cases observed, the symptoms most commonly noted were—ardent fever, intermissions with perspirations, intense headache, injected eyes, delirium, vomiting (the vomited matters at times yellow), diarrhœa, buboes in the groin and armpits, carbuncles, petechiæ, and a rapidly fatal course. The disease first appeared among the Affij Arabs in February last, and in the course of the two following months it destroyed 250 persons out of a tribe estimated to number altogether 3000. Of the intimate state of the district in which the outbreak occurred, and the movements of the disease there, very little is known; but it is believed that, in addition to the places already named, the malady has extended to Nedjef, Towarij, and Kerbellah. Here it touches, if it does not overlap, the confines of the locality which was the scene of the outbreak of plague in 1867. In that year, also in February, plague appeared among the Arab tribes occupying the marshy district east of the Hindieh Canal, in the vicinity of Kerbellah—a district, about sixty miles long by twenty miles wide, almost entirely devoted to the cultivation of rice. This outbreak did not extend beyond the district in which it first appeared, but the present outbreak seems to have spread much more widely.

It is proper to state that the Residency Surgeon at Bagdad, Dr. Colvill, dissents from the opinion of the Ottoman Medical Commission that the disease is plague. He holds that it is a cerebro-spinal intermittent fever; but at the time of expressing this opinion he does not seem to have had an opportunity of personally examining the disease.

Plague is also reported to have reappeared in Persian Kurdistan, in the district, or on the outskirts of the district, which was the scene of the outbreak of 1871–72; but this report has not yet been confirmed.

The locality of the reported outbreak of plague in North Africa is Merdj, twenty hours distant from Benghazi, near the centre of the district which was the scene of the outbreak of 1858. The accounts yet received from Merdj are too meagre to admit of any very definite opinion being formed upon the nature of the malady; but, judging from the action taken by the Tripolitan authorities, it seems probable that the rumour of plague is correct.

It is noteworthy that the different localities in which plague has reappeared, or is reported to have reappeared, are the only localities in which plague has broken out since the reputed cessation of the malady in Western Asia and Africa. Plague had not been heard of for fourteen years in Northern Africa, when in 1858 it broke out in the district of Merdj; it had been absent from Mesopotamia thirty years probably, when in 1867 it reappeared on the Lower Euphrates; and it had vanished from Armenia and the adjoining districts of Turkey in Asia and Persia, when in 1871 it showed itself in Persian Kurdistan. That the disease should again have shown itself in Merdj and on the

Lower Euphrates, and that it should be rumoured to be again present in Persian Kurdistan, are facts of great interest. It is unfortunate for etiological science that the infected districts are removed from ordinary observation, and that it is most difficult, if not impossible, to obtain any minute account of the circumstances under which the disease has been developed. The tribes inhabiting the different districts are wild, suspicious, and difficult of access. The Medical Commission which endeavoured at the time of the outbreak of 1871–72 in Persian Kurdistan to explore the plague-stricken district, was driven back by the armed inhabitants. The Affij district on the Lower Euphrates is hardly more accessible; and of the district of Merdj and its tribes scarcely anything is known.

IT will surprise no one to learn that at a special meeting of the Committee of Reference for the Conjoint Scheme, held on Monday last, it was resolved that the claim of the College of Surgeons to inflict its own examiners upon the candidates for the conjoint licence could not be entertained. Neither the College of Physicians nor the Universities were inclined to yield themselves altogether into the hands of the councillors of Lincoln's-inn-fields, and therefore for the time the Conjoint Scheme is at an end. The Committee of Reference has, we understand, through the College of Surgeons' delegates, expressed its not unnatural regret that the College of Surgeons did not ascertain its legal status a little earlier, and has recommended that corporation to follow the example of the University of London and the Apothecaries' Society by obtaining an "enabling Act," by which comparatively easy and cheap process the necessary powers may be obtained from Parliament, without the necessity for obtaining a new charter.

This Act cannot now, of course, be obtained until next session; but it is satisfactory to know that, as no examination under the new system will be held for two years, this will not materially delay the Conjoint Scheme, since notices will be shortly published by the several examining bodies setting forth that students entering upon their medical studies next October will come under the provisions of the Conjoint Scheme.

In connexion with the part played by the Council of the College of Surgeons at the present juncture, it may be well to refer our readers to the proceedings of that body in October, 1869. On the 7th of that month the following resolution was carried by a meeting of the Council: "That it is the opinion of this Council that there should be instituted a single examining board for each division of the United Kingdom, before which every person who desired a licence to practise should appear, and by which he should be examined; and that a diploma from either of such examining boards should entitle the holder to practise medicine, surgery, and midwifery in any part of Her Majesty's dominions."

In the following week an effort was made to rescind this and another resolution to which we shall refer directly, but without avail; and in THE LANCET of Oct. 23rd, 1869, will be found the details of the voting on these occasions. The other resolution to which we have referred was one leaving the examination in preliminary education to the national educational bodies. This, though confirmed by a large majority, has never been acted upon, but, like the former resolution, remains a monument of the power of obstruction exercised by the Council in College matters. Five years ago the Council of the College resolved to forward a conjoint scheme; and in December, 1871, the chairman of the Committee on Bye-laws ascertained from the legal advisers of the College that the examiners of the College must be appointed examiners in surgery under any conjoint scheme. This last piece of information, however, was not disclosed until all other efforts to keep things *in statu quo* had failed.

Medical Annotations.

"Ne quid nimis."

INFECTIOUS DISEASES IN HOSPITAL WARDS.

WE recently felt it our duty to protest against the practice, still persisted in at some of the metropolitan general hospitals, of admitting into the general wards persons suffering from contagious and infectious fevers. Although our remarks were at the time directed against King's College Hospital, we distinctly repudiate any intention of making the authorities of that institution the special object of censure. Many other London hospitals are equally guilty, and, curiously enough, they are the very hospitals whose experience is appealed to in order to show proof that typhus fever may spread by contagion and infection. The only excuse that can be advanced is that the cases are admitted for clinical purposes. But, compared with the danger to the public health, how paltry does this appear. At all events, it is no essential part of clinical teaching that cases of typhus fever and of scarlet fever should be placed in general wards among other patients. All the requirements of clinical teaching may be fulfilled in an isolated ward. Nor is it necessary, for clinical purposes, to unduly multiply danger by admitting more than one or two cases of typhus into the same hospital. At the time to which we refer, the London Fever Hospital did not contain more than about one-tenth of its full complement of fever patients. The Homerton Fever Hospital, at the time of the drawing up of the last report, had only 60 patients for 200 beds, and the Stockwell Fever Hospital, at the same time, contained only 45 patients for 172 beds.

It is not, however, considerations such as these that determine the authorities at many of the metropolitan hospitals to admit contagious fever cases; it is in many cases mere perversity. The contagiousness of typhus is denied by them because they may not have had the unfortunate experience of its operation. Dr. Murchison, however, in his exhaustive work "On Continued Fevers," has brought together the most ample proof of the spread of typhus fever in the general wards of hospitals. "In 1864 19 persons contracted typhus in the wards of St. Bartholomew's Hospital, of whom 5 were nurses; of these 19, 5 patients and 3 nurses died. At King's College Hospital, in 1856, 'a single patient admitted with typhus communicated the disease to the patients on each side of him, and this was the beginning of an outbreak in the ward.' Again, on December 10th, 1861, before typhus was epidemic in London, a single typhus patient was admitted who communicated the disease to a patient in the adjoining bed, and also to the nurse of the ward; and once more, in 1863, a lady sister and a nurse were the victims of typhus caught in the wards." Experience has been similar at Guy's Hospital, where, towards the end of 1862, "into one ward

containing 50 patients one or two cases of typhus were admitted, and the disease spread rapidly; no fewer than 7 patients in this ward took the fever, which in 5 instances was fatal. Yet in this ward there was an allowance of 1998 cubic feet to each patient, with good ventilation, and the fever patients were placed with a window on each side of their beds." At the Charing-cross, Westminster, and the Middlesex hospitals, similar results have followed whenever typhus fever patients have been placed in the general wards. Further proof has been gathered by Dr. Murchison. "During the first six months of 1862, 272 cases admitted into the six general hospitals communicated the disease to 71 persons, of whom 21 died; or 1 person caught the fever for every 3·8 cases admitted, and 1 life was lost for every 12·9 cases admitted." During a period of four years (1862–65) there were admitted into five of the general hospitals 407 cases of typhus, which communicated the disease to 80 persons, of whom 28 died.

Not only does the disease spread in general wards, but it spreads to those who are reduced and exhausted by other diseases, or who may be suffering from diseases which predispose them to contract typhus when exposed to the contagion, and to have it in a severe and fatal form. This has been proved again and again in the experience of general hospitals.

In another respect the question of admitting typhus cases into general wards becomes national in importance. The medical advisers of the Privy Council and sanitary reformers are constantly endeavouring to impress on the public the necessity and importance of immediate isolation in cases of contagious fevers, and persistently importune Parliament to enforce every precaution for the safety of the public health. In the face of all this, the authorities at some of the metropolitan hospitals—the centres of instruction—nullify by their conduct the efforts of practical sanitarians.

ARMY MEDICAL SERVICE.

WHATEVER may be Mr. Gathorne Hardy's intentions in regard to the Medical Service, it is clear that he is not to be driven into declaring them prematurely to members of the House of Commons or medical deputations. The Minister for War has one and the same answer—that he must reserve his decision. We can only hope that when he has made up his mind the Medical Service may have reason to congratulate itself on the result of so much deliberation. Nothing can be more unsatisfactory than the present state of the department, and its so-called re-organisation by the late Ministry resembles in reality a disorganisation, for it would be very difficult for anyone to give such a description of the principles and details of the British Medical Service as would be intelligible to a foreigner. Things seem to have got into such a tangled skein that many people despair of their being unravelled. The present hybrid system, neither regimental nor staff, with its anomalies, would be swept away like chaff before the wind at the first burst of war. The late President Lincoln wittily and wisely recommended that people should not swop saddles whilst crossing a stream. The existing compromises, arising out of the jealousy and distrust of other departments, are doomed to fail when tested in the field; and the question comes whether it be worth while waiting until that test has shown the necessity of changes which must be made, and made at the worst time.

The Army Medical Service requires to be thoroughly investigated and reorganised on a basis adapted for war, and not for the purpose of merely dovetailing it into the military machine, where it is made passive and powerless by position, in order that it may not encroach on the real or suspected rights and functions of other portions of that machine. When the Army Medical Service occupies an analogous position to that of the other scientific branches of the service—when its officers are treated with the same consideration and respect as those of the Royal Artillery and Engineers, and are entrusted with requisite power to manage their own affairs, we may expect to see a thoroughly efficient and contented department, and not before.

THE PHYSIOLOGICAL EFFECTS OF HILL CLIMATES.

DR. JOHN MACPHERSON, in a communication to the Indian Government last year, called attention to the fact that, notwithstanding the care that had been bestowed upon the selection of hill stations for European troops, but little had been done to ascertain, in a scientific shape, the effects of mountain climates and of diminished atmospheric pressure on the human constitution. The French army surgeons had endeavoured to make the best of their opportunities in Mexico, and one of them (M. Armieux) had lately been prosecuting the subject in the Pyrenees. Dr. J. Macpherson indicated several interesting points on which it was desirable to have precise information as to the physiological changes induced in a body of men on being transferred from the plains to the hills of India, such as the alterations in the circulation and respiration and their relation to one another, the quantity of carbonic acid exhaled, the time that it took for the system to accommodate itself to the new conditions, and how far any change produced by these was permanent. He likewise pointed out that there were many kindred subjects which might also receive fuller elucidation: as, for example, the prevalence of phthisis or of scrofula at different elevations, and of the pulmonic affections generally; the distribution of goitre and cretinism; the constitution of Europeans born and bred in the hills; whether the hill climates engender an anæmic condition, or induce a tendency to hæmorrhage, as has been alleged of them in other parts of the world; the altitudinal range of various forms of fever; and whether the higher or the intermediate ranges suit the constitution of Europeans best. Dr. Macpherson's communication was submitted to the Army Sanitary Commission in this country, who, recognising the importance of the subject, supplemented the proposed inquiry by a collateral investigation of a similar character, to be made on the men on their return from the hills to the plains, which appeared to them a necessary complement to Dr. Macpherson's inquiry. The original communication, together with the observations of the Army Sanitary Commission, were transmitted by the Secretary of State to the Government of India, as we gather from the Abstract of Sanitary Reports published in 1873.

PROFESSOR VIRCHOW ON THE DEER DISEASE.

THE Imperial parks and preserves in Prussia seem threatened with the entire loss of their deer by the outbreak of a murrain called *Milzbrand*, from its supposed connexion with the spleen. The appearance of suppurating carbuncles on the animal's body, with deterioration of the blood, which becomes infested with fungoid growths, is accompanied by fever and followed by convulsions, which, in acute cases, terminate fatally. In most instances, however, the animals linger on in great suffering till death comes to their relief. The epidemic has been traced to flies which had been in contact with the dead bodies of murrain-stricken deer, and the sting of which is rapidly followed by the symptoms of a virulent blood-poison. The virus acts with equal deadliness on horses. On Saturday, the 18th ult., Professor Virchow visited the forest at Grünewald, which

had been decimated of its deer, and, in concert with Dr. Liebreich, examined the blood of the diseased animals. An injection of it into the veins of a rabbit produced death in eight minutes, whereas a sheep came off none the worse for the same operation. The burial of the infected carcasses is urgently pleaded for; but Virchow maintains that nothing short of cremation will arrest the further spread of the contagion, as the maggots bred from the eggs laid by the flies in the bodies of the deer will work their way to the earth's surface, become flies in turn, and renew the cycle. The distemper, he thinks, may be propagated, not by flies only, but by the scattering of fungoid particles that may have adhered to their wings. The flies are, undoubtedly, short-lived; but they are constantly reinforced by newcomers, so that the disease has spread from Grünewald to the woodlands of Kunersdorf, Belitz, and Niederbarmin, miles away. We look forward with much interest to the official publication of Professor Virchow's report.

SHAFTESBURY PARK TOWN.

WE were present last Saturday week at an opening festival that will be held, in the future, as the first practical development of one of the most important sanitary and social reforms the world has witnessed in its stages of progressive civilisation. The traveller who may be near the Clapham railway station is close at hand to the scene of the event of which we speak—namely, the opening of the Shaftesbury-park village or town at Lavender-hill. This new model place consists at present of twelve hundred houses built by the Society for Improving the Homes of the People. The houses are laid out in excellent lines of streets; they are supplemented by a good lecture-hall, and they will in time be further supplemented by a large co-operative storehouse and by a recreation ground of two and a half acres. The whole of the buildings and gardens and roads have sprung up on a piece of all but waste land, as if by magic, in a space of time scarcely exceeding one year.

The houses (over which we were conducted through the kind courtesy of the indefatigable chairman of the acting committee of the society, Dr. Baxter Langley,) we found to be of four classes. The cheapest class (No. 4) are cottages containing a sitting-room, a kitchen, a small scullery, with out-door conveniences, two bedrooms, and a front and back garden; these let at a rental of 5s. 9d. per week. The next class of cottages (No. 3) have an extra room on the ground floor, and larger bedrooms; these let at a weekly rental of 6s. 9d. The second class (No. 2) are of a still more improved kind; they have a third bedroom, and are let at a rental of 8s. per week. The first class houses (No. 1) are simply thorough modern dwelling-places, fitted for persons of even good position in the middle ranks of life; each house has two sitting-rooms, a kitchen with good range, a scullery with copper, three bedrooms, a bath-room, an upper and a lower water-closet, and all other requisite conveniences; these houses let at a weekly rental of 9s. 6d. In all cases the expenses of rates and taxes are included in the weekly rental, and the occupier has the opportunity of purchasing the house as a copyhold by the payment per week of a small sum additional to the rent.

Of the construction of the houses we can speak on the whole with the warmest commendation. The ventilation of each cottage is effectively carried out, the arrangements for cooking are good, and the closets, sinks, and drains are constructed on advanced modern principles. If there be a defect that specially deserves to be named, it is in the staircases of the houses of the fourth class. The stairs in these commence in the kitchen by an open doorway and railing, so that the air of the kitchen must ascend directly into the sleeping-rooms. The error is one that is easily remedied, and in the erection of new buildings it should not be repeated.

Of the ceremony of throwing open these homes to the people, interesting though it was, we need say little. Two speeches—one by the Prime Minister, the other by Mr. Hepworth Dixon—were pre-eminently good. Mr. Disraeli made a splendid point in showing that through all civilisations the home is the centre and precise sign of the perfection or of the imperfection of social order and social life; and Mr. Dixon was not less felicitous when he urged that the Government of this country might actually refound and remodel the houses of the people by a national measure that would not only work well for the nation, but would repay the nation with handsome interest.

The dedication of the Park to Lord Shaftesbury is an honour resulting from years of untiring labour which few men in a generation achieve. No costly monument in public square, or abbey, or high place, can equal in his lordship's estimation this living monument which the simple zeal and admiration of his contemporaries have thus raised, to speak to the coming times of his labours, of his virtues, and to sustain the sound practical lesson he was born to enforce: "to advance a man safely, teach him himself to advance."

THE CASE OF MULLINGS V. MULLINGS.

MELANCHOLY things happen in this world, and medical men are often brought into very delicate relations with evil. Such was the fact in the most remarkable case of Mullings *v.* Mullings and Finch-Hutton, tried in the Divorce Court by Sir James Hannen and a special jury on Saturday last. With the legal and moral views of Mrs. Mullings's conduct we have nothing to do. It was stated in evidence that within a few hours of her confinement at Torquay she packed her infant, a boy, in a portmanteau, and started off to London. Before leaving she telegraphed to Dr. James Stewart Tulloch, of Pembroke-place, Bayswater, whom she had previously engaged to attend her, to meet her at the Paddington station, which he accordingly did. He found her "not weak," and apparently all right. She asked Dr. Tulloch to look after her luggage. On the way to the apartments which had been provided, Dr. Tulloch asked, "What is the matter?" Mrs. Mullings replied it "was all over." "I asked her what about the baby? She said it was in her box on the top of the cab." It will be a new fact to obstetricians if they can believe it possible that a lady can travel a railway journey of six or seven hours immediately after her confinement, and that her infant may be conveyed the same distance in a portmanteau without apparent injury and without attracting attention. Dr. Tulloch, on being recalled, said, in answer to the questions put to him by the Court:—

"The receipt of the telegram induced me to ask her when I met her what was the matter. I did not know what had occurred, and she was not weak; she appeared to be all right.

"What did you do when you were told the child was in the box?—Well, I wished, seeing the mess she had got into, to be of some service to her, and on reaching the lodgings I told her to send for me in the middle of the night, and to have the child by her side when I came. I was sent for in the middle of the night, and when I arrived the child was in bed with her, and the first thing she said was that it was alive.

"Up to that time did you suppose that the child was dead?—I concluded that it must have been dead; I could not expect anything else.

"Did you take any steps to ascertain?—No.

"Did you examine the lady?—No, I did not; there was no necessity to do so. I learned from her that the child had been born for some hours."

As we have said, our professional relations with evil and

its consequent wrong courses are often delicate, and we have no desire to judge harshly a medical man "who wishes to be of some service to a lady who has got into a mess." It is not a medical man's duty to be the exposer of immorality of which he becomes cognisant in the discharge of his strictly professional duty. On the other hand, he cannot be excused for acting a false part, and recommending the patient to act a sham part. For a doctor to recommend a patient, twelve hours after confinement, to go through the form of a confinement in the middle of the night, and to send for him, is to act a false part, and assist a patient in doing so—which we cannot admit to be within the scope of his duties. Again, to be told that a child is being conveyed in a portmanteau, and never to ask or look to ascertain whether it is dead or alive, is a dereliction of the second great duty of any obstetric physician. Dr. Tulloch will, we trust, learn this lesson out of this discreditable case, that in trying to serve patients who have got "into a mess," we must take care not to get into a mess ourselves.

DUSTBINS.

THE dustbin is a chronic difficulty not seldom in the best-regulated families. The eye of the mistress or of the master cannot be in all places at all times, and many servants of excellent capacity and conduct in other respects are found to have a decided weakness in the matter of attention to the dustbin. It is a great pity that in such useful adjuncts to household comfort there should be inherent a power of mischief which frequently leads to most unhappy results, though it is but fair to add that in this combination of good and bad qualities the dustbin simply partakes of the nature of mundane things in general. We know how sorely these omnivorous receptacles try the patience of medical officers of health in the crowded parts of our towns, and it is indubitable that the whole dustbin family have, through the frequent *lâches* of its individual members, acquired an evil reputation.

Dr. Whitmore appears to regard them in this light in his last monthly report on the health of Marylebone. The "annual nuisance from foul dustbins has," he says, "again broken out with more than ordinary intensity," and in connexion with the strange fact (as he seems to think it) that the most disgustingly offensive dustbins are found belonging to large houses and mansions in aristocratic quarters, he considers that the wealthy occupiers deserve to be heavily fined for permitting such nuisances to exist on their premises. By all means let this be so, and we shall expect, of course, to hear that Dr. Whitmore has put matters in train for opening the eyes of these wealthy delinquents to a due sense of their public responsibilities in respect of whatever nuisance-production can be proved against them. But when Dr. Whitmore goes on to particularise the sort of house refuse which he thinks ought, and the sort which ought not, to be consigned to the dustbin, he seems to us to verge rather closely on the unpractical. "No vegetable or animal matter should under any circumstances be thrown into the dustbin," he says. But what, then, is to be done with it? The "family greengrocer" may or may not be willing to take away the vegetable refuse, or it may be more or less practicable to burn it in the kitchen grate, as is suggested; but what is the cook to do with "crab and lobster-shells, perriwinkles, empty or partly empty sardine or lobster-tins, remnants of poultry, and dead kittens," if she is precluded from putting all such into the dustbin? Surely it were better so disposed of than kept in closets or cupboards in the house or thrown into the street. It must be got rid of somehow, first out of the house and next off the premises, and the dustbin supplies the natural and proper means of removal. All that is necessary to avoid nuisance is that the dustbins shall be so placed as to give the least chance of their becoming a nuisance either to the occupants of the house or to the neighbours or passers-by, and that they shall be emptied regularly at the shortest possible intervals. It is no doubt much easier to complain of the dustbin than to keep the local dust contractors up to their work, which latter we, however, conceive to be the only effective remedy.

THE CONSERVATIVES AND MEDICAL HONOURS.

A BARONETCY has again been conferred on a Lord Mayor, and knighthoods on the Sheriffs. We have no doubt that these gentlemen will bear their honours creditably; but the circumstance gives rise to mixed sentiments in reference to these honours and the medical profession. To members of the legal profession, to officers of the army and navy, and to those holding many of the public appointments, the highest honours are open in abundance; but a baronetcy and a knighthood are the only distinctions towards which medical men can aspire, and seeing these honours so often bestowed on men whose lives have most frequently been devoted to services beneficial in greatest part to themselves, and so seldom and so tardily bestowed on medical men whose lives have been devoted to benefit others, the question arises whether it is unreasonable to hope that the medical profession may receive a rather larger share of distinctions than it has hitherto done; and we ought to expect this from a Conservative Government. We do not find fault so much with the smallness of the actual rewards as with the small share of them which the profession receives. We ventured at the time when, through scientific treatment, a great national calamity was prevented, to suggest that although the thanks of the nation were due to those who were chiefly instrumental in averting it, yet that, in rewarding them, others whose claims were allowed by the profession and the public should not be overlooked. If long and faithful services, at home and abroad, towards the most humble no less than the most illustrious, are claims for reward, then we had reason to believe they would be acknowledged, and we trust they will not long be delayed.

INSANITY IN NEW SOUTH WALES.

DR. F. N. MANNING, the medical superintendent, has just furnished an interesting report of the Gladesville Asylum to the Colonial Secretary, from which we collate the following points. The total number of cases during the year was 770 (404 males and 366 females), and the average daily number resident was 525. The admissions during the year have been more numerous than during any previous year in the history of the institution, and are in excess of those during the year 1872 at any of the English asylums, with the exception of those for the populous counties of Middlesex, Lancashire, Yorkshire, and Kent. The most powerful causes in the production of insanity in this colony during the past year have been mental anxiety, isolation, hereditary taint, congenital mischief, intemperance, sunstroke, injury to the head, epilepsy, fever, ill-health and destitution, and old age. Speaking of mental anxiety—the worries and struggles of life,—Dr. Manning refers to the enormous increase of insanity in the negroes in the Southern States of America since the abolition of slavery. The number of insane negroes in the Northern or free States has always been considerable, and such as to excite the astonishment of those living in the slave states, where insanity among them was almost unknown. In the State of Virginia, prior to emancipation, Dr. Stebbing reports that there were at no time more than forty insane patients under care out of a population of 400,000, whilst at the

present time—the coloured population having somewhat diminished—the number in the Richmond Asylum is 200, and 300 more are said to exist in the State. The opinion of American psychologists is, that the striking increase is due in great part to the anxieties of life. Their wants in childhood, manhood, and old age, in sickness and health, were formerly supplied by their owners. They are now left to their own resources for food and raiment, for all the comforts and necessaries of life, and for attention and care during sickness. Isolation, which was dwelt upon in previous reports, is again referred to as a large factor of insanity in the colony. By this term is meant not only the lonely life of the shepherd, and the isolation of homesteads far away in the bush, but the isolation from family ties, from friendship and feelings of sympathy. The number of utterly friendless people received into the institution in the course of the year is dwelt upon as a very painful fact.

DEATH FROM CHLOROFORM.

IN accordance with our promise last week, we now give our readers the following particulars of the recent death from chloroform, and for which we are indebted to the courtesy of Mr. Pickles, house physician:—Geo. W——, aged forty-eight, a strong, healthy-looking man, occupation a joiner, described as a drunkard and a passionate man, was admitted into the General Infirmary at Leeds on July 15th, 1874, suffering from destructive inflammation of the middle joint of the long finger of the right hand, which was caused by his striking a comrade in a quarrel. On Thursday, July 16th, he was brought into the operating theatre for the purpose of having the finger amputated, and at his own request chloroform was administered by the house-physician in the usual way, on a square piece of lint, and from a bottle with a drop cork. He took it rather badly, struggled more than is usual, and was just fully under the influence of the chloroform, not having taken more than two drachms, and the operation barely begun, when he gave two or three snorts, suddenly becoming livid in the face, his respiration stopped, and his pulse became very faint at the wrist. Artificial respiration by the Silvester method was at once commenced and continued for an hour, together with cold affusion to face and chest, galvanism to heart and diaphragm, and ammonia to the nostrils. The heart was heard to beat faintly at the end of about twenty minutes; after that no sound could be detected, and no voluntary attempt at respiration was at any time made by the patient. The autopsy was made twenty-two hours after death. The brain was found healthy, the lungs were slightly congested. The heart was flabby, slightly enlarged, weighing 12¼ oz. Both ventricles contained a little fluid; blood-valves healthy. The abdominal organs generally were congested, but otherwise healthy. The stomach was perfectly empty.

QUEEN CHARLOTTE'S HOSPITAL.

THE authorities of this well-known lying-in hospital are contemplating a revision of the laws of the institution, and we have been favoured with a copy of the proposed alterations, some of which appear to us of a somewhat remarkable character. In the first place it is proposed that "*Any person* may attend the annual meeting of governors and subscribers on sending in his or her name and address to the Secretary, but may not take any part in the proceedings. The chairman shall, however, have the power of excluding any person not being a governor, donor, or subscriber, from such meeting. Any person attending the annual meeting on the invitation of the President, one of the Vice-Presidents, or the Committee of Management, may, if called upon by the chairman, address the meeting." These are somewhat unusual privileges for the outside world, and would appear to trench considerably upon the rights of the supporters of the charity.

The rule that "The Committee of Management may, when there may be room in the hospital, admit women as in-patients without letters of recommendation, upon the payment of five guineas to the hospital," appears to us to open the door to great abuse of the charity, for women who can pay five guineas to the hospital can clearly afford to pay their own doctor. This system of "paying-patients" has done much to bring one hospital for women into disrepute, and we hope Queen Charlotte's will not fall into the same error.

A Ladies' Committee may be a very advisable thing in a lying-in hospital, but it is unusual, we believe, to give them such powers as are implied by the following rule:—"The members of the Ladies' Committee shall have the right of visiting all parts of the hospital at reasonable times. They shall be permitted to inspect all household goods, linen, clothing, and articles of food intended for the use of the hospital. They shall report to the Committee or Visitors in writing any misconduct or negligence on the part of any officer, servant, or patient, which they may observe, and any other matter which they may desire to bring to the notice of the Committee or Visitors, which reports shall be recorded in a book to be provided for that purpose, and laid before the Committee or Visitors at their meetings."

The medical officers are, for the future, to be physicians, who must be "graduates in medicine of the United Kingdom" (*sic*). We presume graduates of a British university is meant, but by the existing laws Fellows and Members of the College of Surgeons are eligible for office, and, as is well known, more than one surgeon has served at Queen Charlotte's with distinction. We would ask why the College of Surgeons, which gives a special diploma for Midwifery, is thus for the future disfranchised?

DRAINAGE OF LINCOLN.

THE sanitary authorities of Lincoln seem bent on showing to what an extent our boasted system of local self-government is capable of discrediting itself, and the consequent necessity of an effective central supervision being maintained. Four or five years ago the bad sanitary condition of the city (owing primarily to there being no proper drainage) was the subject of local agitation, of frequent animadversion in our columns as well as in those of our contemporaries, and, ultimately, of appeal to the Government. In October, 1870, a Government inspector, Mr. Arnold Taylor, was sent down to report on the state of things at Lincoln, and the result of his inspection was an order by the Secretary of State requiring the local authorities to carry out the needful works of main-sewerage and sewage outfall. In June, 1871, the period of grace under this order having expired, the local authorities were warned that unless action were then taken, "a final and compulsory order" would be issued forthwith, and the city Council were moved by this threat to appoint a committee to propound a scheme of drainage, with instructions to report within a month. This looked like business, and was generally regarded as indicating a desire to wipe out speedily the reproach which had so long lain upon the city. How illusory such an anticipation was is evident from the fact that up to the present time nothing has been done, though there has been much semblance of doing something. That is to say, the Council have sent forth deputations and committees on a sort of roving commission, to all manners of places, professedly in search of a perfect system of drainage and sewage disposal, with the result that they now have nothing better to propose than to keep the whole matter open until

"the authorities in London" have solved the problem of sewage disposal so completely that Lincoln may be saved "the heavy expenditure which has fallen upon other towns in consequence of the hasty adoption of costly schemes which afterwards have had to be abandoned." This, the latest decision of the Council will, we trust, bring matters to a crisis, for the patience of the Local Government Board can hardly be equal to the draft thus made upon it by these Fabian Councillors of Lincoln. A sharp and peremptory order would act as a beneficial tonic upon the weakened sense of responsibility under which these gentlemen are now so palpably labouring.

THE OUTBREAK OF TYPHOID AT MARYLEBONE.

IT is deeply to be regretted that Mr. Sclater-Booth, in answer to Dr. Lush, has declined to lay the report of the investigation conducted by the medical authorities of the Local Government Board on the table of the House. Our readers will not have forgotten the serious outbreak of typhoid last year in Marylebone, nor the serious facts which induced the highest medical authorities to attribute the distribution of the disease to a certain milk-supply. To satisfy public opinion a minute investigation was entrusted to a very competent medical inspector of the Local Government Board. The report of his investigation is of great public and professional interest, and ought to have been cheerfully and promptly laid before Parliament on the request of a medical member. If the report fails to support the charges brought against the Milk Company, so much the better for the Milk Company; if it does support the charges against the milk, so much the better for the public, as elucidating one of the modes by which typhoid may be easily disseminated and as easily prevented from being disseminated. The refusal to lay the report on the table will be understood to imply that the milk and Milk Company have been wrongly accused; but if this be the case, surely the Milk Company, in the consciousness of its innocence, would welcome the most public statement of the facts. The fatality of typhoid in this country renders the refusal of the Local Government Board to lay the report on the table of the House not the least serious failure of duty on the part of the Government in the last week or two. It is due to the sufferers, to the public, and to the Milk Company, that the report should be produced. We sincerely trust that Dr. Lush will repeat in some other and more urgent form his request, and that the Government in its reply will act more worthily of the gravity of the subject and its own reputation in the matter. What hope is there of great health questions being satisfactorily settled if such reports as this are not thought worthy of the attention of Parliament by the head of the Local Government Board?

THE NAVAL MEDICAL SERVICE.

THE naval medical service is getting into a state of utter destitution, at least in its junior branch. The Navy List for July shows but 212, instead of 250, surgeons, and only one entry for the present year. The authorities are doubtless hoping to make a haul of candidates at the coming examination, but recent occurrences are not such as to give a very lively aspect to service in Her Majesty's ships.

The details of a recent court-martial on a young surgeon have, within the last few days, appeared in the daily papers. We have no excuse to make for this young officer's conduct, but we have reason to believe that the court-martial was the consequence solely of his desire to get out of a service which he entered so lately as April, 1873. A still more marked example of this desire has reached us from abroad, in the person of a young navy surgeon, who also entered last year, and, having been sent to the Cape of Good Hope, deliberately deserted his ship rather than continue to serve Her Majesty. It can be scarcely gratifying to the members of a noble profession, such as ours, to know that one of its members has been duly advertised for in the Cape of Good Hope Government Gazette as follows:—

"*Description of deserter from H.M.S.* ——, *dated at* ——, *this 20th day of May*, 1874.—X. X., deserted on the 11th of May, 1874; rating, surgeon; twenty-three years of age; about six feet in height, light brown hair, grey eyes, fair and freckled complexion; when last seen wore beard and heavy moustache, with very slight whiskers of a light-red colour. A reward of TEN POUNDS (£10) will be given for the apprehension of the above-named deserter, together with any expenses that may be incurred in apprehending him.—HAMILTON DUNLOP, Commander H.M.S. ——, and Senior Officer."

With examples such as these before their eyes we cannot wonder if young medical men hesitate to throw in their lot with those whose great object appears to be to escape from the bondage they have entered upon.

MR. JUSTICE BRETT ON INSANITY.

IN charging the grand jury at Exeter last week, Mr. Justice Brett alluded to the plea of insanity as occasionally advanced in cases of murder. For a person to be freed from the consequences of crime it is not, he contended, sufficient to show that he acted differently from other persons in the ordinary affairs of life, but it must be made clear that he was ignorant of the nature of the act he was committing, and did not know right from wrong. Mr. Justice Brett is a whole generation behind the time. Capacity of distinguishing right from wrong is not only quite compatible with insanity, but it is actually made an element in the treatment of the insane. The dipsomaniac knows the inevitable consequences of his fatal indulgence; but place him within the means of gratifying it, and no consideration on earth will restrain him. "The duty," continued Mr. Justice Brett, "of those who have to administer the law is, not to act upon their view of what the law should be, but to administer it as they find it." Precisely. Mr. Justice Brett would, we imagine, subscribe to Justice Maule's parody of the old aphorism, *Fiat jus ruat justitia*. The law must be brought into harmony with the age, in its scientific and social aspects, and this is all that the medico-psychologist pleads for.

CHEMICAL NOTES.

WITTSTEIN states that mercuric chloride, when used as a test for ammonia in distilled water, is more sensitive than Nessler's reagent, ordinary white precipitate HgCl (NH 2) being produced; and Moddermann recommends copper sulphate as a reagent for the detection of traces of ammonia in distilled water, a basic sulphate of copper being thrown down.

Mayançon and Bergeret detect minute traces of mercury in urine or other organic fluids by acidulating with sulphuric acid and adding an iron nail with a piece of platinum wire attached to it. A galvanic action being thus set up, any mercury which may be present is deposited in the metallic state on the platinum wire; this is next detached from the nail and exposed to the action of chlorine gas in order to convert the mercury into corrosive sublimate. The wire is then rapidly drawn over paper moistened with a one per cent. solution of potassium iodide, and if mercury be present red streaks of mercuric iodide are produced on the paper, these red streaks being soluble in excess of potassium iodide. This method is not only expeditious but certain, and by means of it mercury was always detected in the urine after the administration of corrosive sublimate or

inunction with mercurial ointment. The milk of a woman was found to contain a considerable quantity of mercury forty-eight hours after the use of mercurial ointment.

Heitzmann finds that the administration of lactic acid to cats or dogs produces swelling of the epiphyses of the long bones, catarrh, and other symptoms of rachitis; but if the administration of lactic acid is continued for several months, softening of the bones takes place. These results are not calculated to afford ease of mind to lovers of sauer-kraut, as this condiment owes its acidity to the presence of lactic acid.

THE MEDICAL DIRECTORY.

WITH the month of August comes the annual circular from the publishers of the Medical Directory, and we call attention to the fact because it always appears to us that the date for this document is ill-chosen, since so many doctors are just starting for their holidays, and therefore fail to receive, or at least to return, the circular. As the Medical Directory is practically the Register of the profession, its accuracy is of some importance, and should receive the assistance of all members of the profession.

While on this subject, may we suggest that some gentlemen are a little profuse in the personal information they insert. It is doubtless convenient sometimes to know from what school a medical man "hails," but it cannot be necessary to know that he has paid flying visits to "Vienna, Berlin, Amsterdam, and Leipzig," or elsewhere. Again, past appointments are sometimes paraded as if they could influence present position; but of what conceivable use to a practitioner in London can it be to make it known that he was once medical officer of a dispensary somewhere? To be a referee to half a dozen insurance offices seems to be the ambition of some, while others parade Odd Fellows, Foresters, and other clubs, as insignia of respectability. In the matter of "publications" and "contributions," however, there is the widest range afforded, and sometimes this is useful, both for scientific research and for obituary notices. When, however, the number of publications and contributions fills nearly a column of the Directory, it surely is time to cry "Hold, enough!"

QUARANTINE REGULATIONS.

THERE is nothing that requires to be more carefully considered than the existing laws of quarantine, with a view to their revision, and we are glad to observe that this has formed the subject of considerable discussion at the Vienna Sanitary Congress. It is time that some systematic and practical method be adopted which shall not prove unnecessarily harassing and expensive. We learn, for example, from Her Majesty's hired transport *Nebraska*, off Demerara, of an occurrence which will entail a loss of over £4000 on our Government. The vessel sailed from Jamaica on the 13th June with four companies of the 1st West India Regiment on board, with a foul bill of health from the presence of small-pox at Jamaica. The vessel arrived off Demerara on the 26th of June. On the 20th a man named Stonewall Jackson was reported to be suffering from small-pox, which must, by all accounts, have been of a very mild description. On the 29th the man was discharged from hospital convalescent. On the arrival of the vessel this case was reported to the quarantine authorities, and the result was, that the vessel was placed in quarantine for thirty days, although at the date of our intelligence (8th July) all on board were quite healthy. With the power which we possess in vaccination for the prevention of the spread of this disease, the imposition of quarantine of thirty days seems to have been an unnecessarily severe measure.

PHARMACY IN IRELAND.

THE Select Committee of the House of Commons to which this subject was referred has agreed upon a report. In this report the Committee recommends neither of the courses which we have frequently discussed—viz., granting power to the Apothecaries in conjunction with some pharmacists to grant licences to druggists in Ireland, or to extend the Pharmaceutical Acts to Ireland. It recommends the formation of a distinct Pharmaceutical Society for Ireland on the following grounds:—

"(*a*) That in Ireland there has been for many years a licensing centre for pharmacy. There was no similar institution in Scotland at the date of the extension of the English Pharmaceutical Society to that country.

"(*b*) That a local centre will be more conducive to the scientific and professional development of pharmacy in Ireland, this effect having been found to result in the analogous cases of the medical and surgical schools.

"(*c*) That the evidence we have heard leads us to believe that there exist in Ireland ample materials for the creation and maintenance of a Pharmaceutical Society."

It is likely, Sir Michael Hicks Beach being one of this Committee, that this suggestion will next year be embodied in a Bill. We should have thought that the application of the Pharmacy Acts to Ireland, with a due representation of Ireland in the Council, would have been a sufficient legal remedy for the admitted evil of a great deficiency of shops for the sale of medicines and compounding prescriptions arising from the exclusive privileges enjoyed by the Apothecaries' Company, and from the high and consequently expensive standard of qualification which it has thought it necessary to maintain in accordance with the view that an apothecary should prescribe as well as dispense. But the "Home Rulers" have had their way in the Report of the Committee; and undoubtedly there is some force in their views. Practically it does not matter whether druggists are licensed by a Pharmaceutical Society in Dublin or in London; but it is very important that the present absurd state of the law be quickly altered.

THE MAURITIUS.

FROM intelligence that has reached us by the last mail, we learn that malarious fever was still very prevalent in this island, and especially about Port Louis. An Austrian steam corvette arrived in April last, and was moored in Port Louis harbour, within a short distance of Fort George and the "Mer Rouge." The crew contracted the fever, and at the time the vessel left for the Cape in June about fifty cases in all had occurred. The first case of intermittent fever took place twelve days after the arrival of the vessel at the Mauritius. There is much evidence in support of the view that the interval between the date of exposure to and the first manifestations of malarious action is, although subject to various disturbing causes, ordinarily a definite period. The development of malaria of late years in the Mauritius, and the enormous amount of disease of an aguish type there as compared with the past medical history of the island, are very remarkable facts, the causes of which have never yet been thoroughly elucidated to our satisfaction.

SMALL-POX IN RAILWAY CARRIAGES.

WE lately gave an account of a girl who had been found travelling by railway with fully developed small-pox from Birmingham to Hastings. She then got as far as Willesden Junction, and was there taken so ill as to be unable to go further. The Metropolitan Board Asylum brought this case under the notice of the Local Government Board, who gave it as its opinion that the railway company could not be proceeded against. This is a fine result after all our sanitary

legislation. No doubt the patient herself is legally responsible, and probably the poor cabman who carried her. But why except a railway company? The Metropolitan Asylums Board have passed a resolution urging the Local Government Board, in the interest of the public, to make further investigation. They deserve the thanks of the public for so doing.

FLOGGING AT SHREWSBURY.

OUR article on "Scholastic Discipline" of a month back was very *apropos* of a recent occurrence at Shrewsbury school, for, but a month before, what we can only characterise as a most brutal assault was committed by the head master on one of his pupils. According to his own showing, Mr. Moss inflicted 88 stripes with a birch-rod on his unfortunate victim, and though the "monitor," who was present, did not think the punishment "very severe," we venture to think the public will entirely differ from him.

The monitor seems to have counted the strokes, but whether aloud or not does not appear; but the number is so outrageous that we can only imagine that the master went on unconsciously longer than he intended. If, however, the number was intentional, we fail to see the basis of its selection. Four dozen is the extreme limit for army and navy flogging, and the worst garotter seldom gets more than half the number. We repeat our advice to head-masters to have necessary punishments inflicted by deputy, after sentence has been duly pronounced.

THE RED CROSS OF BRUSSELS.

THE Central Committee of the Belgian Association for the Relief of the Wounded in War has just sustained a severe loss by the death of its secretary and treasurer, M. Henri Manceau, *imprimeur* of the Royal Academy of Medicine, who died on the 23rd ult., near Mons, whither he had gone to recruit his shattered health by the restorative stimulus of his native air. M. Henri Manceau rendered the most signal services in the cause of humanity during the Franco-German war, and his name will live as one of the chief organisers of the remarkable *hôpitaux volants* established at the Champ de Manœuvres after the cataclysm of Sedan.

THE ANDERSONIAN UNIVERSITY.

ON Thursday, the 23rd ult., the trustees of this seat of learning held a meeting for the election of a Professor of Anatomy and a Professor of the Practice of Medicine. There were four candidates for each chair, and the votes were taken by ballot, when it was found that Dr. A. M. Buchanan had been elected to the Anatomy chair, and Dr. A. Wood Smith to that of Physic.

THE recent conviction of two men for having in their possession a quantity of diseased meat intended for the manufacture of saveloys, sausages, &c., will be hailed with immense satisfaction in London. William Cussans was sent to prison for a month, without the option of a fine; and Edward Cussans fined £90, or in default one month's imprisonment. It is only by such stern measures that the abominable traffic in putrid meat will be arrested.

WHEN the Infanticide Bill was read a second time in the House of Lords this week Lord Colchester explained the reasons which necessitated the Bill. At present juries were very reluctant to convict mothers of murder, and the Act would make the offence in most cases felony, punishable with not more than ten years' penal servitude. When a jury declined to convict of the capital offence, the culprit would be prosecuted for the minor one.

THE town of Newmarket and surrounding districts are now visited by a very severe epidemic of small-pox. The infectious wards of the workhouse infirmary are quite full of patients suffering from the disease, and it has been found necessary to transform the grand stand on the racecourse into a temporary hospital, which is now fitted up with every convenience. The Jockey Club deserve infinite credit for the manner in which they have endeavoured to provide for the requirements of the medical men of the town. A portable hospital had been procured from London for the purpose of being established in a meadow near the Great Eastern Railway. The railway company, however, obstinately objected to its erection—a course of action that must be the subject of future animadversion. The sanitary authorities and medical officer of health are making every effort towards limiting the progress of the disease, and have secured the services of efficient nurses from the metropolis. We believe that there are at present over seventy cases of small-pox in the town alone.

THE tea trade has found a champion in Parliament in the person of Mr. Alderman Cotton. The worthy civic dignitary was this week extremely anxious to know whether our magistrates would be directed to be "especially careful in carrying out the law regarding the adulteration of tea until an opportunity had been afforded for fresh legislation." Mr. Cross proved himself to be fully equal to the occasion, and satisfied his questioner that it was impossible for the Government to take any measures for restricting the operation of the Adulteration Act, or introduce what we believe is greatly wished for in some quarters—a suspensory Bill So, pending the introduction of an amended Act, matters remain *in statu quo*. Of course it is now perfectly understood that no fresh appointments of analysts will be made.

A RECENT War Office return shows that the casualties from disease during the Ashantee War amounted to 511—viz., 11 officers and 33 men died, 50 officers and 248 men were invalided home, and 169 men left on board ship or in hospital. The casualties from engagements with the enemy were 202—viz., 4 officers and 2 men killed in action, 1 officer and 10 men died of wounds, 6 officers and 49 men severely wounded, 21 officers and 109 men slightly wounded. The casualties after arrival at home (up to 31st May, 1874) were 10—viz., 1 man died of wounds, and 2 officers and 7 men died of disease in Africa. Altogether the total mortality amounted to 71, while the number of wounded or invalided reached 650.

DR. MACNAMARA'S report of the work performed by him as chemical examiner during the past year proves that a very great deal of secret poisoning goes on among the native population of India. The favourite agent used appears to be arsenic. Of 361 medico-legal cases submitted to him, white arsenic was detected in 145 instances. Dr. Macnamara's investigations included 45 cases of suspected criminal abortion and 31 cases of supposed blood-stains. It has been observed as curious, that while deadly vegetable poisons grow so luxuriantly in India, the natives should exhibit such marked predilection for mineral agents.

IN answer to a question in the House of Commons, Mr. C. S. Read stated that the Local Government Board were in communication with the Tottenham local board respecting the condition of the river Lea, and that the latter authorities would shortly put into operation their new arrangement for treating the sewage in the river. The Lea has for a long time been in a most filthy state, and it is high time to bring official pressure to bear on the languid sanitary body at Tottenham.

WE understand that the German Government is now building an immense factory at Mayence for the production of *erbwurst*, a compound that formed the staple food of the Teuton hosts in the late war. With the wonderful thoroughness which distinguishes the German military administration, it has lately been decided to attach to each *corps d'armée* an establishment containing every requisite for the manufacture of the famed sausage. Should another cry of "Nach Paris" arise, the illustrious Von Roon may paraphrase an unfortunate saying in 1870 with "we are ready to the smallest sausage."

IF report speak truly, it would appear that the question of sewage disposal is open to a solution other than that offered by irrigation. Mr. Andrew Bray is stated to have invented and patented a process by which sewage-water may be made to yield a gas superior in purity and illuminating power to that obtained from coal. The process, moreover, is said to be less complicated and costly than the one now adopted at gas factories, and the product to be free from the sulphur and other ingredients which make the combustion of the gas at present in use both deleterious and unpleasant.

THE next competitive examination for the Army Medical Services will take place on Monday, the 10th inst. We hear that, notwithstanding the present unsettled aspect of affairs in the British Medical Service, there is a sufficient number of candidates.

THE Vaccination Act, 1871, Amendment Bill has been read a second time in the House of Commons. The measure was opposed in a characteristically weak speech by Mr. Peter Taylor, and was supported by Mr. Newdegate and Drs. Lush and Playfair.

MAHARAJAH HOLKAR has presented Dr. Macbeth, of the Army Medical Service, with ten thousand rupees and a letter of thanks, on the occasion of his successful treatment of a severe illness from which the Maharajah was suffering.

A RECENT perusal of the sad register of the Morgue in Paris shows that suicide, infanticide, and abortion have greatly increased in that capital.

THE Anthropological Society will meet at Belfast, under the presidency of Sir W. Wilde, who will deliver the address.

THREE deaths from exposure to the sun took place last week in Limerick.

THE INTERNATIONAL SANITARY CONFERENCE.

THE International Sanitary Conference will have done excellent work if it have no other result than to place on record the questions as to cholera on which the delegates came to unanimous conclusions without discussion. It is a considerable gain at the present time, both publicly and professionally, formally to know on what cardinal points relating to the etiology and propagation of cholera there is a common accord among European physicians. There has lately been a growing tendency both in this country and in India to represent the teachings of English medicine on the questions referred to as largely standing alone in Europe. The results of the early sittings of the Conference have conclusively proved that such representation has no foundation in fact, and that on the cardinal points which first came under the consideration of the Conference there was so complete an accord among the members that discussion was unnecessary. The conclusions, therefore, which have been unanimously affirmed on the subjects contained in the first section of the programme may be taken as representing the medical opinion of Europe upon them. These subjects and the affirmations were as follows:—

1. Asiatic cholera, susceptible of epidemic extension, is not developed spontaneously except in India, and when it appears in other countries it is invariably by introduction from without.

2. Cholera is transmissible by man.

3. Cholera can be propagated by articles coming from an infected place which have been used by, and particularly which have belonged to, persons affected with cholera.

4. Cholera can be propagated by drinks, particularly by water.

On the question of the transmissibility of cholera by man, a discussion was raised by Dr. Pettenkofer as to the desirability of expressing the conclusion so as to include the influence of locality on transmissibility. Dr. Hirsch formulated the opinion of the German delegates in the following terms:—"Je ne conteste nullement la transmissibilité du choléra par l'homme venant d'un milieu infecte; je considère l'homme seulement comme la cause specifique, en dehors de l'influence de la localité infectée; en outre, je le considère comme le propagateur du choléra lorsqu'il vient d'un endroit où le germe de la malade existe déjà." This proposition was unanimously accepted.

With the exception of the foregoing proposition and the proposition relating to the propagation of cholera by water, the different conclusions referred to reaffirmed conclusions of the International Sanitary Conference of 1866. The question of the propagation of cholera by water had not been discussed by that Conference, and in the present instance it had been included first in a more general proposition as to the propagation of cholera by foods. While the Conference was unanimous as to the propagation of cholera by water, no such unanimity existed as to the propagation of the disease by other articles of food. Dr. Zehnder submitted a report to the Conference of certain observations at Zurich, in which he concluded that the disease had been communicated to 13 persons by an article of food; but the Conference held, by 11 voices to 7, that the proofs of the transmission of cholera by foods were not conclusive, and that it was not desirable to formulate any conclusion on the question.

On the questions of the propagation of cholera by living animals and by articles of merchandise, there was a difference of opinion among the delegates.

Proceeding to the subjects of the second section of the programme, those relating to measures of quarantine in relation to cholera, the question of maritime quarantine was first submitted to a Committee, and the report of that Committee is now under the consideration of the Conference.

The committee consisted of Dr. Hirsch (Germany), Chevalier d'Alber-Glanstätten (Austria), Dr. Seaton (Great Britain), Dr. Semmola (Italy), and Dr. Van Cappelle (Netherlands). This Committee have unanimously agreed to a report, of which the following is the substance:—

Maritime quarantines do not afford any real protection against cholera, except in those ports which are to be regarded as the principal points of irruption of cholera in its seaward route towards Europe. Such quarantines should be instituted and organised so as to satisfy the most rigorous hygienic arrangements, and they should be international institutions.

Quarantines established in European ports against cholera which has already broken into Europe are useless, seeing that the land communications destroy their value. Under such circumstances, in place of quarantines, a rigorous revision of each ship arriving from an infected locality should be established in European ports, according to the following regulations:—

1. As soon as there is danger of an invasion of cholera, in each maritime port open to commerce a sanitary commission should be formed, composed of physicians and official agents, assisted by a proper staff. The number of members and staff should be such as to admit of infected ships being rapidly dealt with. The president of this commission should be kept constantly informed, through official sources, of all ports infected which have maritime relations with his own.

2. Ships arriving from non-suspected ports, and which are declared by the captains not to have touched at any intermediate suspected port in the course of the voyage, nor to

have communicated directly with a suspected ship, and upon which no case of cholera or any suspicious case of disease shall have occurred during the voyage, shall have free pratique.

3. Every ship coming from an infected port, and ships coming from non-suspected ports, but which have touched at an intermediate suspected port, or which have communicated with suspected ships, or upon which cases of, or deaths from, cholera have occurred, shall be submitted as quickly as possible after arrival to a rigorous medical examination, for the purpose of ascertaining the health of the crew and passengers. The captain and officers shall be required to declare to the examining physician what they may know of suspicious cases of disease among the crew and passengers under penalty to be fixed by an international convention.

4. If a ship from an infected or suspected port, or which may have communicated during its voyage with infected or suspected ports or ships, be found on arrival to be free from suspicion of infection among passengers and crew, and no case of or death from cholera has occurred on board during the voyage, it shall be admitted to free pratique. If, on the contrary, cholera has occurred on board during the voyage, the ship shall be subjected to certain detailed processes of disinfection, although the crew and passengers may be found quite healthy on arrival.

5. If a ship be infected on arrival, the sick shall be removed to a lazaret, and the crew and passengers submitted to a purification detailed. If there be any dead from cholera on board, the bodies shall be dealt with as set forth.

The regulations further suggest the measures of destruction or disinfection to be pursued with any infected articles.

The report of the Committee is now under discussion in the Conference. Its conclusions betoken an enormous advance upon the ideas which commonly prevail among continental nations on the subject of quarantine, but it is hardly to be anticipated that they will be unanimously accepted without some modification. The delegates of France, Portugal, and Turkey have taken exception to some of the principles laid down. These principles, so far as European ports are concerned, approximate largely to the principles upon which cholera is dealt with in the ports of England. The proposal to limit quarantine, properly so called, to certain ports, to be determined, through which cholera may find its way into Europe, and to internationalise the measures to be adopted in these ports, ought, however, to remove any serious opposition to the adoption of the main principles of the report.

ROYAL COLLEGE OF PHYSICIANS.

AT a meeting of the College of Physicians, held on Thursday afternoon, a communication was received from the Apothecaries' Company indicating their willingness, now that the passing of the Apothecaries Acts Amendment Bill enabled them to do so, to co-operate in the efforts being made for the formation of a Conjoint Examining Board. It was resolved to transmit a copy of the "Scheme" to the Society in reply.

Reports upon the different departments of the College were read. It was stated that the projected repairs of the College would cost £794 3s., non-inclusive of the surveyor's percentage. The total repair fund subscribed by the fellows amounts to about £1200.

The Registrar explained the necessity for altering the bye-laws of the College to meet the demands of the conjoint examination scheme, and he moved that the following important bye-law be enacted:—"That every candidate for the College licence, who shall commence his professional study on or after the first day of October, 1874, will be required to produce satisfactory evidence of having completed the course of study in accordance with the bye-laws and regulations of the College, and to pass the professional examinations conducted by the Conjoint Examining Board." It will be necessary for the College to pass this again at its next meeting.

The following is a list of College officers, elected for the ensuing year:—Censors: Dr. Herbert Davies, Dr. J. W. Ogle, Dr. Habershon, and Dr. Garrod.—Treasurer: Dr. F. J. Farre.—Registrar: Dr. Pitman.—Harveian Librarian: Dr. Munk.—Examiners: (Anatomy and Physiology) Dr. George Harley, Dr. Church; (Chemistry, Materia Medica, and Practical Pharmacy) Dr. Thomas Stevenson, Dr. John Harley; (Medical Anatomy and the Principles and Practice of Medicine) Dr. A. W. Barclay, Dr. Sibson; (Midwifery and the Diseases peculiar to Women) Dr. John Clarke, Dr. Braxton Hicks; (Surgical Anatomy and the Principles and Practice of Surgery) Mr. Jonathan Hutchinson, Mr. G. D. Pollock.—Curators of the Museum: Dr. F. J. Farre, Dr. Peacock, Dr. W. Wegg, and Dr. Sibson.

THE APOTHECARIES ACT AMENDMENT ACT, 1874.

THE following abstract of the "Apothecaries Act Amendment Act, 1874," has been forwarded to us by the London Society of Apothecaries:—

The first section enacts that the Act shall be cited as the "Apothecaries Act Amendment Act, 1874."

The second section repeals those provisions of the Apothecaries Act of 1815 which require any member of the Court of Examiners (or any of the five apothecaries to be appointed under that Act for examining assistants to apothecaries) to be a member of the Society of not less than ten years' standing.

The same section repeals those provisions of the Act of 1815 which require candidates for examination for a certificate to practise as an apothecary to have served an apprenticeship of five years.

The third section enables the Society, with the sanction of the Privy Council, to form part of any Conjoint Examining Board to be constituted under the provisions of the Medical Act of 1858.

The fourth section provides for the Society having power in certain cases to strike licentiates off their list.

The fifth section saves any existing rights of women to be admitted to the examination of the Society.

Independent of the power given to the Society to form part of any Conjoint Examining Board, the Act will, therefore, be found to effect the following important changes:—

(1) The Society can for the future select their examiners from the whole medical profession or from any scientific body, instead of (as formerly) from a very limited class of the members of the Society.

(2) Apprenticeship is no longer made a necessary condition required of candidates presenting themselves for examination for a certificate to practise as an apothecary.

(3) The Society can strike licentiates off their list on the same grounds as they can be struck off from the Medical Register.

It may be observed, in conclusion, that no new rights are conferred upon women by the fifth section of the Act.

Correspondence.

"Audi alteram partem."

EXTENSION APPLIED TO FLAPS AFTER AMPUTATION.

To the Editor of THE LANCET.

SIR,—A correspondent in your issue of July 11th, who signs himself "Amicus," concludes a letter on the subject of the application of extension to flaps in cases of amputation thus:—"I notice in the current number of the *Edinburgh Medical Journal*, Mr. Lister refers to this same extension as an invention of his own, and he mentions a case in which the results were most satisfactory. Now it is only fair that he should be put right on this matter. He may not be aware that a notice of this treatment was published

in the *Glasgow Medical Journal* for February, 1873, and it has been in use in the Glasgow Royal Infirmary since 1871."

Permit me to put forward a claim to priority in this regard, and to support it by such testimony as appears to me conclusive.

In the early part of the year 1863 I published a small work entitled "An Epitome of Practical Surgery for Field and Hospital," for the special benefit of the surgeons who were serving with me in the Confederate Army. On pages 117, 118, and 119 there is an account of the very method which is referred to by your correspondent, and such a statement in regard to it as shows that I had invented it as early as August, 1861. From the time that publication was made, it was constantly resorted to by Confederate surgeons whenever flaps showed a disposition to retract, and I can now recall a number of instances in which the results were most satisfactory. Since the termination of the war in America, I have, as a teacher of surgery, explained this method to my classes, and frequently applied extension to flaps in their presence. I have also publicly, through the leading medical journals of that country, claimed to be the discoverer of this method of treatment without having met with the slightest contradiction on the subject, as the book to which I have referred settles the question definitely in my favour.

You will also pardon me for taking this occasion to say that I have invented a new apparatus for the treatment of fractures and dislocations of the clavicle, which, while fulfilling all the indications for the restoration of the parts broken or separated, permits the patient to use his arm so freely as to be able to write with the hand upon the injured side, to feed himself, and even to ride on horseback from the moment the dressing is completed. This apparatus has stood the test of a number of difficult cases, and in every instance has proved satisfactory alike to the patient and to his surgeon. In a short time I hope to be able to furnish you with a full description of the apparatus, with illustrations and cases showing its efficiency.

I have the honour to be, Sir, your obedient servant,

EDWARD WARREN BEY,
Chief Surgeon, Staff Egyptian Army.

Cairo, July 17th, 1874.

A DISCLAIMER.

To the Editor of THE LANCET.

SIR,—The *Pictorial World* of last week contains an abstract and an illustration of a lecture given by me at St. Bartholomew's Hospital. I beg that you will allow me to state that the editor of that journal has acted in direct opposition to my wish. Some weeks ago, a person, who said he was an artist connected with the journal, called on me and asked leave to make drawings from some of the illustrations of my lecture. I instantly and positively refused, and wrote to the editor that nothing would be more offensive to me than the publication which he proposed. I heard nothing further from him, and he has done what I begged him not to do.

I venture to hope that I am not thought likely to be guilty of encouraging the appearance of my name in newspapers; but lest anyone should suppose that I have even permitted the publication to which I have referred, I desire to show that I did my best to prevent it.

I am, Sir, faithfully yours,

JAMES PAGET.

Harewood-place, Hanover-square, W., July 27th, 1874.

VACCINATING INSTRUMENTS.

To the Editor of THE LANCET.

SIR,—I notice in your issue of the 28th February an instrument described by means of which vaccination may be speedily effected.

By those who do not possess this instrument, or who may not care to incur the expense of getting one, perhaps the following method of performing the operation may be thought equally or nearly as rapid, and I can vouch for its efficacy:—

The plan to which I allude is carried out by means of an ordinary grooved (exploring) needle, the tip of which is immersed in a drop of the lymph blown on to a plate or saucer. By this the groove is filled with the virus for about one-eighth of an inch from the point of the needle. Thus charged, the instrument is quickly inserted under the skin, and, with a rapid twist, withdrawn. It will be found that, by the formation of the weapon, atmospheric pressure will so act as to restrain all flow from the wound thus made. Of course, should too deep (and unnecessary) a puncture be made, bleeding will be likely to follow, and so set up the risk of the lymph being washed out; but the discretion of the operator will soon obviate the likelihood of this mistake occurring. I have vaccinated in this way for four or five years, and have always met with much more satisfactory results than (in my opinion) have followed the operation by scarification. Again, the punctures can be so rapidly effected that the little patient has only time and inclination to indulge in the very short vocal remonstrance which usually follows this method of operating. For sparing the sensitive maternal feelings, as also assuaging the horror usually felt by those most nervous of all timid nurses—the Chinese "arnahs"—I have found this plan most successful. Indeed the whole thing may be managed before either mother or attendant is aware of more than your intention to begin. When the supply of lymph has been limited, I have found this the most economical and surest way of utilising the small quantity at command.

Apologising for troubling you from this distant land on so slight a matter,

Believe me, Sir, yours faithfully,

W. WYKEHAM MYERS, M.B.

Chefoo, North China, April 20th, 1874.

REPORT OF THE COMMITTEE ON THE ADULTERATION ACT.

To the Editor of THE LANCET.

SIR,—As the result of a preliminary meeting of public analysts, held yesterday, we are directed to announce that a general meeting of the public analysts of the United Kingdom will be held on Friday, August 7th, at the Cannon-street Hotel, at 4 P.M., with the view to the formation of a society for mutual assistance and co-operation. The chair will be taken by Professor Redwood.

Circulars notifying this meeting are sent this day to all public analysts whose addresses are known, but if any are accidentally omitted, the announcement of the meeting in your columns will supply the omission, and we shall be happy to furnish all particulars to any gentleman who will communicate with us.

We are, Sir, yours respectfully,

CHAS. HEISCH, } Hon. Secs. *pro tem.*
S. W. WIGNER, }

79, Great Tower-street, London, July 29th, 1874.

BIRMINGHAM.

(From our own Correspondent.)

BIRMINGHAM is fully alive to the importance of "stamping out" the epidemic of small-pox, but the sanitary authority have not yet been able to carry out Dr. Buchanan's recommendation of providing the accommodation necessary for isolating all cases occurring in houses where the necessary means for preventing infection are wanting. The great difficulty is in selecting a suitable site for the establishment. The proposal of the sub-committee to erect a hospital in the suburb of Handsworth has been met by strong opposition on the part of the parishioners. The principal arguments against this site are:—1. That it is four miles distant from the centre of the borough, and twice that distance from some of the most densely populated parts of it. 2. That whereas there are 2420 acres of agricultural land within the boundaries of the borough, and the sanitary authority has power to enforce the removal of small-pox patients to such an establishment, if situated within the borough, it is not in their power to do so if the hospital be erected beyond the borough.

In case the Town Council persist in erecting a building on the site of Handsworth, litigation is threatened by the inhabitants of that district.

Dr. Robinson reports that during the month of June the number of primary vaccinations had been 586, against 522 in the corresponding period of 1873, but that the revaccinations had been 2760, against 55, the number returned for the same month in 1873. Of the revaccinated, 65 per cent. were highly susceptible to revaccination, 25 per cent. moderately susceptible, and only 10 per cent. insusceptible.

In the Borough of Birmingham 261 births and 169 deaths were registered last week. These 169 deaths show an increase of 26 upon the return of the previous week, and include 68, or 40·2 per cent., of infants under one year old. The proportion of infantile mortality showed a marked increase upon that which has prevailed in recent weeks. The mortality rate from all causes per 1000, which in the previous week had been equal to 22·8 and 20·7, rose last week to 24·4.

The death-rate of the quarter was 23·1, against 20·4 and 21·8 in the corresponding thirteen weeks of 1872 and 1873. Of the deaths, 13 were due to scarlet fever, 5 to small-pox, 25 to diarrhœa. 52 deaths resulted from the seven principal zymotic diseases. Thus it is seen that small-pox is on the decrease, but diarrhœa has increased.

The work of clearing off the £8000 debt on the Queen's Hospital proceeds steadily, but the sum of £2077 is still "urgently needed."

Birmingham, July 26th, 1874.

PARIS.

(From an occasional Correspondent.)

YOUR readers are probably acquainted with the project for the formation of new faculties of medicine at Lyons and Bordeaux, which has already received the approval of the National Assembly, and only awaits some formalities to become law. The number of faculties will thus be increased to five, those of Paris, Montpellier, and Nancy being the already existing ones. It remains to be seen whether the scheme will produce the desired result of attracting students to the new faculties, which already possess good schools of medicine. The present centralisation in Paris, and the large number of students—which is now over 4000—are in many respects injurious, but it must be a long time before the others can attempt to rival its advantages in respect to the special *cliniques*, and other means of higher instruction. One of the evils of the great number of students is the impossibility of efficient bedside teaching, and a consequent overgrowth of the system of clinical lectures in its place, the morning visit being often hurried through to reach the clinical theatre. Another evil is the necessary centralisation of the large hospitals, which must be retained in crowded and unhealthy neighbourhoods in the centre of Paris, in the neighbourhood of the medical school. The history of the new Hôtel Dieu is instructive in this respect, showing that the evil is beginning to be felt. Most persons who have visited Paris in the last six years are familiar with this building, which stands nearly facing the entrance to Notre Dame, and with the controversies to which it has given rise. Planned about nine years ago in its present form, with the object of continuing the work and traditions of the old hospital, and forming a great centre of clinical teaching in the heart of Paris, it has been built at an already enormous cost, although only partially completed. The general plan consists of a central quadrangle, long and rather narrow, surrounded almost entirely by a continuous block of building, from the sides of which run out pavilions which contain the wards. Each pavilion consists of a basement, three ward floors, and an attic, or top storey, each ward being destined to contain about thirty patients, and opening into the central building, which consists of small wards, corridors, and all the other necessary offices, &c., the total number of patients to be accommodated being 800. The history of various proposals to use it for other purposes, or to modify it in some manner, would fill a volume, the general opinion of the medical faculty being unanimous in condemning both the site and the mode of construction, as well as the crowding together of so large a number of patients. Finally it has been decided, on the recommendation of M. Bouchardat, to lower each of the pavilions by one storey, so as to reduce the number of wards in each from three to two, and the costly process of demolition is now in active progress. The wisdom of the plan is not very evident, as the pavilions are separated by a space of 120 feet from each other, and the central building, which is the worst feature, is to be left intact. A less costly and equally efficient mode would seem to be to limit the number of patients in each ward, or to leave some of the wards vacant.

Mr. Husson, formerly Director of the Assistance Publique, and Secretary to the Prefecture of the Seine, has read before the Academy of Moral and Political Sciences, of which he is a member, a most interesting paper on the movement of the Paris population. The memoir opens with a reference to the special qualities, vices, and requirements of the population. Next, alluding to the census returns, it shows that there is a constant and slight diminution in the number of births compared with the population, a diminution which, moreover, is observed throughout the whole country. Thus, from 1817 to 1830, the proportion of births was 1 to 26·91 inhabitants; from 1860 to 1865, 1 to 31·99; and from 1866 to 1872, 1 to 34·39. In respect to the number of illegitimate births, the proportion is double that of the remainder of France, though a great many of such births are afterwards made legitimate. The number of marriages is gradually increasing, but they are less fertile. The rate of mortality in Paris shows a marked improvement. From 1750 to 1816 it remained stationary, but from 1816 to 1852 the amendment has been such that, according to the calculations of the Bureau des Longitudes, the mean duration of life, which in 1817 was only 31, increased successively to 34 and 36 years down to 1852. For the period from 1861 to 1866, it reached 39. In this respect Paris is behind the rest of the country, and yet, notwithstanding epidemics, the results of the war, and of both sieges, and the constant influx of workmen and others, who lead an irregular or miserable life, the difference between Paris and the provinces is fast disappearing. The great obstacle to an equilibrium is the heavy mortality amongst new-born children. This mortality attains 24·05 per cent., making allowance of course for the 20,000 infants who are sent out every year to be brought up in the country. The number of deaths is 2 to 1, comparing illegitimate with legitimate births.

At the Société de Chirurgie last week a discussion occurred on a new mode of dressing wounds, which is a modification of M. Guérin's cotton-wool dressing, suggested by M. Sarazin, and consists of alternate layers of tar and cotton wool. M. Guérin, however, considers it a needless change, and in the course of the discussion he and others mentioned that they were in the habit of leaving the dressing on suppurating wounds unchanged for two, three, and even six weeks, in some cases without putrefaction, and with good results. Only a few surgeons, however, employ it at present in this way. The prevalence of erysipelas and pyæmia in some of the hospitals renders special precautions desirable. M. Richet has been employing with success, in cases of amputation, the method of continuous irrigation.

In M. Gosselin's wards at the Charité there has been an epidemic of erysipelas. Thus, in one ward of twenty-eight beds there were no less than eight cases at one time a few days ago, and one of the patients has had four consecutive attacks. Cases of unhealthy diffuse suppuration and of pyæmia are also not uncommon. For example, a strong and healthy-looking lad of twenty was admitted to this ward a few days ago with an ordinary glandular abscess in the neck, which was at once opened. For two days he seemed in perfect health, on the third a slight blush appeared around the wound, with the occurrence of a rigor; others followed, and in two days he died of pyæmia with multiple visceral abscesses. The fact that it is not the custom to isolate cases of erysipelas and pyæmia renders such an outbreak the more serious. It is difficult to ascertain whether the amount of pyæmia at present is above the average, as the statistics have not been kept with any care since the war.

It may interest some of your readers to know that there are at present about twenty lady students of medicine in Paris, the number including Russian, American, German, and five English, the majority being Russian, and none of them French. They go through the same courses of instruction and enjoy the same privileges as the other students,

with the exception that they are not allowed to compete for the *externat*, which corresponds to dresserships and clerkships in English hospitals. They are, however, obliged to become *élèves stagiaires*, or pupils specially attached to particular surgeons or physicians, and have thus frequent opportunities of practical work. Every facility therefore exists for a fair trial of the experiment, and their success depends upon their own exertions.

M. Depaul performed an operation of some interest a day or two ago on a case of extra-uterine (peritoneal) pregnancy. The patient had been under observation for some time, and the diagnosis fully established, but she had refused operation. Finally, however, diarrhœa of a peculiarly fetid odour set in, and was accompanied by great prostration, and the patient consented to the operation. The chief point of interest was that the front of the tumour had become resonant before the operation, which necessitated great caution in the preliminary abdominal incision. It was found, however, that the cyst was firmly adherent to the abdominal wall, and that the resonance was due to gas in the cyst, either from putrefaction or communication of the cyst with the intestines. The remainder of the operation was accomplished without difficulty.

The courses of clinical lectures are for the most part concluded, and the intense heat of the last week or two renders everyone anxious to get away from Paris.

M. Hardy has just finished his course at the St. Louis, which is one of the most largely attended. This course is given once a week in his wards; the audience, which numbers from 150 to 200 students and practitioners, is seated in a circle, and the patients are conducted round the central area. The large number of beds, and hence the great variety of diseases of the skin to be seen here, together with M. Hardy's clear and able demonstrations, make the course one of much value. For the benefit of those who have not visited it, I may mention that the St. Louis Hospital contains 800 beds, which are entirely devoted to diseases of the skin.

Paris, July 18th, 1874.

Obituary.

JOHN BURFORD CARLILL, M.D. LOND.

DR. CARLILL was born at Hull, and in his youth was intended to follow the profession of a banker, but his scientific turn of mind led him to the study of anatomy, and he entered as a student of University College, London, in 1838, where he became one of the most distinguished amongst the competitors for honours, gaining several medals, and filling the offices of dresser to Mr. Lister and afterwards of house-surgeon in the hospital. Having graduated at the University of London (where he again obtained honours) he married, and commenced general practice in London in the year 1845. The expectations naturally raised by his successful career as a student were soon realised, and he succeeded in establishing an extensive practice, at first in Berners-street, and afterwards in Weymouth-street, Portland-place.

On the 31st of March, 1860, being in attendance upon a baby suffering from diphtheria, he was himself prostrated by that disease, the child having expectorated into his face whilst he was engaged in the examination of its throat. At first Dr. Carlill prescribed for himself, but becoming rapidly weaker, he was seen by Sir William Jenner, the late Dr. Baly, and several other physicians. The former has described the case in his work upon "Diphtheria, its Symptoms and Treatment," 1861, page 75.

At first the disease was supposed to be erysipelatous, complicated with severe catarrh; but Dr. Carlill repeatedly said, "I must have the trachea opened," and when unable to speak he continually pointed to the outside of his throat. At last, when apparently at the point of death, the operation of tracheotomy was performed by Mr. Quain, the patient being then quite insensible. The operation was followed by immediate relief, and Dr. Carlill was the first instance on record of the success of tracheotomy in an adult after the formation of false membrane in diphtheria.

Permanent impairment of the voice remained, and full possession of health was never restored after the rude shock he had undergone. In September, 1873, he experienced a sudden failure of the power of vision, which, about a month before he died, rapidly increased. On the 20th July he was attacked by diarrhœa, accompanied by vomiting and cramp, and he died from exhaustion on the 22nd of July, 1874, in the sixty-first year of his age.

Dr. Carlill had a remarkable power of securing the confidence of all with whom he came in contact, and numerous and sincere regrets will be felt by his friends and patients at the loss they have sustained in the death of one they had so implicitly and deservedly trusted and esteemed.

DR. JOHN WILSON.

DEVONPORT has to deplore the loss of one of her best practitioners in Dr. John Wilson, who died on the 9th ult. from the effects of a puncture while performing a post-mortem examination at the Royal Albert Hospital, of which he was junior surgeon. He was assiduously attended at his residence by Messrs. Bulteel and Swain, Dr. Hingston, and Dr. W. C. Wilson, of Devonport, his brother and partner. At the post-mortem a clot of fibrine about two inches long was found to have blocked up the pulmonary arteries, and, doubtless, to have caused his sudden death.

As soon as the sad result was known, the Managing Committee of the Royal Albert Hospital put upon record in the books of the institution the following statement:—"That the Committee is deeply sensible of the loss sustained by the hospital, the towns of Devonport and Stonehouse, and the neighbourhood, by the untimely death of the late Dr. John Wilson. That this is the more to be deplored in consequence of Dr. Wilson's life having been sacrificed in the discharge of his hospital duties."

Dr. John Wilson was born at Wanton Walls, near Edinburgh, in 1842, and educated at the High Schools of Glasgow and Edinburgh between 1852 and 1858. Thence he passed to the University of Edinburgh to prosecute his studies in Medicine, and graduated with distinction in 1863. After a visit to Paris, where he made excellent use of his opportunities in the hospitals, he entered into partnership with his brother at Devonport. He became rapidly popular as a practitioner, not only by his professional skill, but by his engaging and genial address and his great kindness to the poor. During the recent small-pox epidemic he acted with an intrepid vigilance, which did much to abate its ravages, and he embodied his experience of its prevalence in a report which does equal credit to his science and his literary skill. Seven years ago he was appointed one of the junior medical officers on the staff of the Royal Albert Hospital of Devonport and Stonehouse, and would inevitably have reached the summit of local reputation and position had not death struck him down in the dayspring of his powers.

CHARLES WRIGHT SMERDON, M.R.C.S.

THE grave has recently closed over the remains of one of the oldest and most honoured inhabitants of Clifton, and it will be long indeed ere his fine familiar face and form are forgotten. Mr. Smerdon, descended from an ancient Cornish and Devonshire family, was born in March, 1786, at Ashburton, in Devonshire, of which place his grandfather, the Rev. Thomas Smerdon, was rector, as well as head master of the Grammar-school there, and there Mr. Smerdon was educated. This school was at the zenith of its popularity from 1765 to 1787—the birch flourishing in full predominancy; and Gifford, afterwards editor of the *Quarterly Review*, and the celebrated Dr. Ireland, afterwards Dean of Westminster, were pupils there. Mr. Smerdon was professionally educated at Guy's Hospital, and became member of the Royal College of Surgeons in 1812; he afterwards settled in Clifton, and ultimately, for many years, did one of the largest provincial practices. Devotedly attached to his profession, most painstaking in whatever he undertook, simple and unpretending in manner, highly honourable in his intercourse with his fellow-men, in politics a staunch Conservative, kind and generous (wherever generosity was required), his life was one of unsurpassed sincerity and uprightness. He was indeed the true type of a Christian gentleman, and his memory will long be held in loving remembrance by all who had the privilege of his friendship. He died on the 22nd of June, lamented by all—the poor, to whom he was a munificent benefactor—the rich, to whom he was a sincere and trusted friend.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. — The following gentleman was admitted a Fellow of the College on July 30th :—

Druitt, Robert, Lancaster-street.

And the following gentlemen were elected Fellows by ballot :—

Robinson, Frederick, M.D. St. And., Lupus-street.
Liveing, Edward, M.D. Camb., Queen Anne-street.
Blake, Charles Paget, M.D. Edin., Torquay.
Carter, Thomas Albert, M.D. Edin., Leamington.
Goodridge, Henry Frederick Augustus, M.D. Lond., Bath.
Robertson, William Tindal, M.D. Edin., Nottingham.
Gervis, Henry, M.D. Lond., St. Thomas-street.
Cucknell, Henry Heanes, M.B. Oxon., Welbeck-street.
Moore, William Withers, M.D. Edin., Brighton.
Thorowgood, John Charles, M.D. Lond., Welbeck-street.
Smith, Eustace, M.B. Lond., George-street, Hanover-square.
Lee, Robert James, M.B. Camb., Savile-row.
Green, Thomas Henry, M.D. Lond., Wimpole-street.
Bradbury, John Buckley, M.D. Camb., Cambridge.

The following gentlemen on the same day were admitted Members of the College :—

Barlow, Thos., M.B. Lond., Great Ormond-street.
Blanc, Henry, M.D. Montpellier, Rue de la Paix, Paris.
Donkin, Horatio Bryan, M.B. Oxon., Devonshire-street.
Edmunds, James, M.D. St. And., Savile-row.
Roper, George, M.D. Aberd., West-street.

Also at the same time the following gentlemen were admitted as Licentiates :—

Boase, William Francis Fookes, London Hospital.
Clarkson, John Wilkins, Surbiton.
Fyffe, Benjamin, Arundel Hotel, Arundel-street.
Gould, Alfred Pearce, University College Hospital.
Keates, William Cooper, East Dulwich.
Lea, Julian Augustus, Charing-cross Hospital.
Leacock, Charles George, Colebrook-row.
Lloyd, Morgan, Guy's Hospital.
Mavor, William Samuel, Mountfield, St. Leonards.
Mawson, William Arthur, Dispensary, York.
Moir, Gerald Chetwynd Algernon, St. Mary's Hospital.
Newby, Charles Henry, Mecklenburgh-street.
Park, John Steele, Claremont-square.
Pyburn, George Wilkinson, University College Hospital.
Roe, Edward, St. Bartholomew's Hospital.
Seccombe, George Samuel, Bellefield-road.
Sturmer, Arthur James, Percy-circus.
Vawdrey, Theophilus Glascott, Kent-villas, Upper Lewisham-rd.
Woods, David, St. Petersburg-place.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — The following gentlemen, having passed the required examination for the diploma, were duly admitted Members of the College on July 23rd, 24th, 27th, 28th, and 29th :—

Abbott, Charles Edward, Liverpool.
Armstrong, Henry G., L.S.A., Staines, Middlesex.
Badcock, John Henry, Abingdon.
Bathe, Henry Hearsey, Southampton.
Benton, Samuel, Southend.
Bernays, Sidney Adolphus, Brixton-hill.
Boase, William F. F., L.R.C.P. Lond., Plymouth.
Bott, Henry, Bourne, Lincolnshire.
Boulter, Harold Baxter, Hull.
Briggs, George Jeremiah, Hull.
Bromley, John Maddern, New Swindon.
Browne, George Buckston, Manchester.
Brown, Walter, Tetbury, Gloucestershire.
Caddy, Henry, L.S.A., Alverston.
Carter, Albert, L.S.A., South Lambeth-road.
Clarke, Arthur, Brill.
Clarke, Henry, South Penge.
Clift, Martin Luther, Central-street.
Collins, Floyd, Ware, Herts.
Currie, Andrew Stark, M.B. Ed., Edinburgh.
Davison, Rashell Thomas, Tritlington.
Drew, Clifford Luxmoore, Exeter.
Evans, Llewellyn Wilson, Strand.
Foreman, Joseph, L.S.A., Wigan.
Forty, Daniel Herbert, Shillingford, Oxon.
Fyson, Edmund, Blackfriars-road.
Giblin, Edward Owen, Hobart Town, Tasmania.
Griffiths, Cecil Neil, Cheltenham.
Hamerton, George Albert, L.S.A., Peckham.
Harsant, William Henry, L.S.A., Epsom.
Hawken, Giles L. L., L.S.A., Camelford, Cornwall.
Hentsch, John Page, Broad-street.
Hopcroft, Thomas Fay, Bayswater.
Hutchinson, Joseph Bouch, Liverpool.
Hutchinson, Samuel John, Brook-street.
Jarrett, Michael Lewis, Sierra Leone.
Job, John, Redruth, Cornwall.
Johnson, Wm. Henry, M.D. Toronto, Guelph, Canada.
Jones, Arthur Henry, Peckham.
Jones, Charles Morgan, Aberdare.
Kemp, John Robert, Notting-hill.
King, Nathaniel Thomas, Lagos.
Lindsay, William Vickress, L.S.A., Pimlico.
Little, James, M.B. Ed., Wigton, Cumberland.
Macready, Jonathan F. C. H., Gilston-road.
Manning, Charles James, Barbadoes.
Mason, Richard, L.S.A., Tenby, South Wales.
Mercier, Charles Arthur, Hackney.
Miller, Robert Bickersteth, Torrington-square.
Moody, James Matthew, Great Warley.
Morton, Andrew Stanford, M.B. Ed., Edinburgh.
Morton, Richard John, Aylsham, Norfolk.
Perrin, Alfred Charles, Kensington.
Powell, Joshua, Newcastle-on-Tyne.
Pring, Peter Burnett, Festiniog, North Wales.
Quinton, Richard Frith, M.D., Dulwich.
Reynolds, Edward Osmund, Appledore, North Devon.
Roberts, Humphrey, Festiniog, North Wales.
Roth, Bernard M. S., Wimpole-street.
Shepherd, Francis John, M.D. M'Gill Coll., Montreal.
Smith, Henry B. L., M.B. Aberd., Berkeley-square.
Snell, George, L.R.C.P. Ed., Jersey.
Sturmer, Arthur James, L.R.C.P. Lond., Calcutta.
Swanwick, Eustace Maclean, Torrington-square.
Thomas, Robert Thomas, East Looe, Cornwall.
Trevor, Frank Wollaston, M.B. Aberd., Great Coram-st.
Turle, Arthur, L.S.A., Taunton.
Twort, William Henry, L.S.A., Upper Canton-place.
Watts, Fred., Plymouth.
Wilson, C. Wm., L.M. Durham, Newcastle-on-Tyne.
Wilson, Joseph Henry, Stamford, Lincolnshire.
Winckworth, Charles Edward, Great Bircham, Norfolk.

[In the list of gentlemen admitted Members of the College of Surgeons on the 21st inst., for "Walker, William Samuel, L.R.C.P., St. Leonards-on-Sea," read "Mavor, William S., L.R.C.P. Lond., St. Leonards-on-Sea." The error was not ours.]

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on July 23rd :—

Davies, Wm. Charles, Buckingham-palace-road.
Hawken, Giles Lockwood Lang, Camelford, Cornwall.
Heale, Alfred Lawson, Luton, Beds.
Phillips, Easton Abbiss, Bury-street, Aldgate.
Ranking, Geo. Speirs Alex., St. Barthol. Hosp.

The following gentlemen passed their Primary Professional Examination on the same day :—

William Ellis Gascoigne, Queen's College, Birmingham; Wm. Theobalds Blanton Clark and Geo. Hindle, St. Bartholomew's Hospital; Frederic Daniell Miller, King's College; William Herbert Packer, Charing-cross Hospital.

THE Local Government Board has awarded Mr. G. A. Hicks, of Harrold, Bedford, the sum of £9 9s. for successful vaccination in the above district of the Bedford union.

BEQUESTS, &c., TO MEDICAL CHARITIES.—Mr. John Gregor, of Forres, has given £100 to Gray's Hospital, Elgin. St. Luke's Hospital for Lunatics has received £300 under the will of Miss Mary Gray Ratray. The Gravesend and Milton Infirmary and Dispensary has received £100 under the will of Mrs. Cooper. The Chichester Infirmary has received £100 under the will of Miss Newland, of Westburton. William Brooke, Esq., J.P., of Northgate Mount, Honley, has offered a donation of £1000 to the Huddersfield Infirmary, to be invested in such a manner as to enable the Board to send patients from that institution to hospitals at Buxton, Southport, and other places. The offer has been gratefully accepted.

Medical Appointments.

ALDERTON, T. G., M.R.C.S.E., has been appointed a House-Surgeon to the West London Hospital, Hammersmith.

BARLOW, C., M.R.C.S.E., has been appointed Medical Officer to the Workhouse, and Medical Officer and Public Vaccinator for the Welford District of the Stratford-on-Avon Union, vice Clarke, resigned.

BUCHANAN, A. M'G., M.D., has been appointed Professor of Anatomy at the University of St. Andrews.

BURGESS, E. J., M.R.C.S.E., has been appointed House-Surgeon to St. Bartholomew's Hospital, vice Greenhill, resigned.

BURKE, W. H. E., M.R.C.S.E., has been appointed House-Surgeon to the Rochdale Infirmary.

CLARK, H. E., M.R.C.S., has been appointed Assistant-Surgeon to the Eye Infirmary, Berkley-street, Glasgow.

DAVIES, W. C., L.S.A.L., has been appointed House-Surgeon to the Westminster Hospital, vice J. Davies, M.R.C.S.E., whose appointment has expired.

DREW, A. S., L.R.C.P.I., M.R.C.S.E., has been appointed Medical Officer to the Workhouse, and Medical Officer and Public Vaccinator for the Longborough District of the Stow-on-the-Wold Union, vice J. Drew, M.R.C.S.E., resigned.

FENTEM, P. S., M.D., has been appointed Medical Officer of Health for the Baslow Urban Sanitary District: £4 per annum; acreage 5458; population 813.

GARROD, A. H., B.A., has been appointed Professor of Comparative Anatomy at King's College, vice Jones, resigned.

GRIMBLY, R., M.R.C.S.E., has been appointed Medical Officer of Health for the Banbury Urban Sanitary District: £30 per annum for three years; acreage 4236; population 11,718.

HAWKINS, W., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Abbotsbury District of the Weymouth Union, vice Boreham, resigned.

HURLEY, J., M.D., C.M., has been appointed Medical Officer and Public Vaccinator for the Eastern District of the Gower Union, vice Eade, resigned.

LAKIN, C., L.R.C.P., L.M., L.S.A., has been appointed Medical Officer to the Spa Lodge, Nottingham, Imperial Order of Odd Fellows; also to the Co-operative Sick Benefit Society at Leicester.

LAKING, F. H., M.D., has been appointed joint Apothecary in Ordinary to Her Majesty's Household.

MACQUEEN, T., M.B., C.M., has been appointed House-Physician to the Queen's Hospital, Birmingham, vice Davies, resigned.

MUSCROFT, H., M.D., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer of Health for the No. 2 Sub-district of the Pontefract Rural Sanitary District, vice Simpson, deceased: £50 per annum; acreage 17,647; population 9481.

PIKE, J. B., M.R.C.S.E., has been appointed House-Surgeon to the Huntingdon County Hospital, vice Beckingsale, resigned.

POWER, G. E., M.R.C.S.E., has been appointed Assistant House-Surgeon to the General Hospital, Nottingham, vice Ottley, appointed Resident Surgical Officer, General Hospital, Birmingham.

RUTHERFORD, J., M.D., F.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Superintendent of the Barony Parish new Lunatic Farm Asylum, Woodilie, Glasgow.

SMITH, A. W., M.D., has been appointed Professor of the Practice of Medicine at the University of St. Andrews.

SMITH, R. S., M.D., B.Sc., has been appointed Lecturer on Physiology at the Bristol Medical School.

TURNELL, Mr. A. P., has been appointed House-Surgeon to the East Suffolk Hospital, Ipswich.

VERDON, H. W., M.R.C.S.E., has been appointed Demonstrator of Anatomy at the Westminster Hospital Medical School, vice Brown, resigned.

WATERS, A. J. G., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the No. 2 District and the Workhouse of the Okehampton Union, vice Trimmer, resigned.

WOODHAMS, J. A., M.R.C.S.E., has been appointed Medical Officer to the Prince of Wales Lodge, Manchester Unity Independent Order of Odd Fellows, Rye, vice Adamson, M.D., resigned.

Births, Marriages, and Deaths.

BIRTHS.

BUTLIN.—On the 25th ult., at Queen Anne-street, the wife of Henry Trentham Butlin, F.R.C.S.E., of a daughter.

CURTIS.—On the 23nd ult., at Cork, the wife of J. L. Curtis, L.R.C.P.Ed., Surgeon 18th Regiment, of a son.

HARRIS.—On the 22nd ult., at Marine-parade, Worthing, the wife of Wm. J. Harris, M.R.C.S.E., L.S.A., of a son.

PALMER.—On the 25th ult., at Nayland, Suffolk, the wife of Henry Drake Palmer, Esq., prematurely, of a son.

VENNING.—On the 22nd ult., at Sloane-street, the wife of Edgcombe Venning, F.R.C.S.E., 1st Life Guards, of a son.

WOOD.—On the 20th of June, at Woolton, Liverpool, the wife of Thos. A. Wood, M.D., of a son.

MARRIAGES.

CLOUTING—CLARK.—On the 23rd ult., at St. Mary's Church, Newmarket, J. B. Clouting, M.R.C.S.E., of Thetford, to Grace, second daughter of J. F. Clark, Esq., of Newmarket.

PLATT—WINN.—On the 22nd ult., at the Church of St. Mary's, Kilburn, W. H. Platt, L.R.C.P., of Priory Villas, Upton-road, Kilburn, to Kate Ellen, youngest daughter of the late W. Winn, Esq., of Lincoln.

DEATHS.

BARLOW.—On the 25th ult., W. B. Barlow, M.R.C.S.E., of Writtle, Essex, aged 83.

CARLILL.—On the 22nd ult., at Weymouth-street, Portland-place, John Burford Carlill, M.D. (eldest son of Briggs Carlill, Esq., of Hull), in his 61st year.

COOPER.—On the 23rd ult., at Stonehouse, Plymouth, Ellen, wife of Astley Cooper, M.R.C.S.E., Staff Surgeon R.N., aged 31.

HARTFORD.—On the 7th of June, on board the Royal Mail Steamship "Belize," of which he was the Medical Officer, Rich. Alex. H. Hartford, L.R.C.P.Ed., of Rose-court, Portarlington, Queen's County.

MARTINDALE.—On the 21st ult., John Walker Martindale, M.R.C.S.E., of Patterdale, Westmoreland, aged 36.

SANDWITH.—On the 25th ult., at Todwick Rectory, Sheffield, Humphry Sandwith, M.D., Consulting Physician to the Hull General Infirmary, aged 82.

TAYLOR.—On the 22nd ult., J. R. Taylor, M.D., of Church-street, Wicklow.

WATKINS.—On the 27th ult., John Watkins, F.R.C.S.E., of Thatcham, Berks, formerly of Falcon-square, aged 68.

WATTS.—On the 24th ult., John Watts, M.D., of The Mount, Shrewsbury, aged 54.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

BOOKS ETC. RECEIVED.

Dr. Carter on Mycetoma.
Dr. Yeo on Therapeutic Progress.
Dr. W. Squire on the Period of Infection in Epidemic Disease.
Mr. C. Blake on Sulphur in Iceland.
Dr. Marcet on the Nutrition of Animal Tissues.
St. Thomas's Hospital Reports. Vol. IV.
The 16th Annual Report of the Board of Commissioners in Lunacy of Scotland.
American Journal of Medical Sciences.

Notes, Short Comments, and Answers to Correspondents.

UNQUALIFIED PRACTITIONERS AND DEATH CERTIFICATES.

WE are informed that the registrars of deaths in the parish of Kensington have been desired by the guardians to exercise to the fullest extent whatever powers they possess under their registration regulations of bringing under the notice of the coroner all deaths the cause whereof is certified by unqualified practitioners, and that the Registrar-General has signified his approval of this being done. Our informant states that "now we have coroner's inquests frequently, to the very great inconvenience of such unqualified gentlemen practising under foreign diplomas." Supposing our correspondent's information to be accurate, it would seem to follow that it was unnecessary to introduce any clause into the Registration Bill now before Parliament to meet the case of uncertified causes of death, the Registrar-General having already the power to instruct his local officers to bring such cases under the notice of the coroners. It has, however, to be remembered that as you may take a horse to the water, yet not be able to make him drink, so it does not follow that coroners will take action in respect of these medically uncertified deaths. An inquest costs money; county and borough finance committees do not always look favourably upon frequent inquests; and for this reason we are not inclined to regard the difficulty about medically uncertified deaths as solved by the Kensington procedure, though no doubt it is a good one as far as it goes.

A Subscriber.—We apprehend the adjutant was acting in accordance with the custom of the service in what he did; but our correspondent might submit the point for the decision of the War Office authorities.

Mr. E. A. Wilson should consult our advertising columns.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—Your article in THE LANCET of July 4th regarding the Indian Medical Service may excite a little wholesome discussion; but it will not, I am afraid, in any way benefit the department.

Anyone who has served in the Indian service could easily explain "the reason why" the medical officers are considered to perform their duties in a perfunctory manner, though I should be sorry to believe that they ever do so; but, should such be the case, I believe "the reason why" is because the members of the service generally entertain the idea "that work will not meet with its just reward."

There are not any officers who perform all duties required of them more efficiently than do those of the Indian Medical Service; yet, in common with all mankind, they require the stimulus of the hope of advancement, in order to develop to the fullest degree the surgical, medical, or special knowledge of each individual. The only way to infuse fresh vigour into a department containing most able physicians and surgeons is to *have a maximum tenure of five years for all military, civil, Presidency, College, and other appointments;* and then if vacancies as they occur were filled up *by seniority* and by selection, or, perhaps better still, by competitive examination, you would find that the officers of the Indian Medical Service, instead of being rebuked for any perfunctory performance of their duties, would excite the admiration of the profession by their contributions in medicine, surgery, and the allied sciences. Such a proposition as this will certainly meet with fierce and most determined opposition; but it should be known by all concerned that there is only a small percentage of *good* appointments for a large number of applicants. It would place a gross, cruel, and undeserved stigma on the professional reputation of a large body of highly educated officers in the Indian Medical Service to suppose that (under a five years' tenure of appointments) men could not at any time be found who would be capable of performing any or every duty in military, civil, Presidency, College, and other appointments in as equally creditable a manner as present incumbents of them do. The fact is that, under the present system, once a man gets a good appointment he sticks to it until he either gets a better one or leaves the service, and consequently it does not fall to the lot of every medical officer, even of the most distinguished, to get what is called a good appointment perhaps once during his service.

Much could be written on this point; but the five years' tenure of appointments seems to be the greatest of many other reforms required in the Indian Medical Service.

I am, Sir, truly yours,

INDOPHILUS.

P.S.—Should my proposal ever be carried out, you will find that the incumbents of appointments will not do less work than is done at present, and that the other expectants as a body will do more and better work through the service generally than has hitherto been the experience of administrative officers of the service.

THE VACCINATION LAWS AT MILE-END.

A THOROUGHLY sensible report has been drawn up on this subject by a Committee of the Board of Guardians of Mile-end Old Town, to whom a letter from Mr. J. F. Haines on the enforcement of the Vaccination Acts had been referred. They give a very certain sound both as to the legality of repeated prosecutions in the case of the same child—by noting especially the recent case in the Court of Queen's Bench of Knight *v.* Halliwell (J. P., 9th May, 1874, 295), in which it was decided that there is under the Act no limit to the number of prosecutions in respect of the same child, nor to the time over which such prosecutions may extend,—as to the high value of vaccination as a protective from small-pox, and as to the *injury accruing to others* from children not being vaccinated. The Committee, moreover, object to any limitation by law of the number of prosecutions, thinking it right that individual cases should be dealt with on their merits by Boards of Guardians.

THE request of *Dr. Francis* (Dinapore) shall be borne in mind.

DIPSOMANIACS.

PROLONGED compulsory abstinence from alcoholic liquors may restore to the dipsomaniac the power of self-control, and enable him to resist the craving to which, when at liberty, he yields. The experience of the Scotch Commissioners in Lunacy, however, does not give much reason to expect this result. According to their last report, the number of patients placed in asylums in 1873, whose insanity appears from their admission papers to have resulted from intemperance, was 149. But there can be little doubt that the amount of lunacy actually resulting from this cause is very far from being adequately expressed by these figures. This is at once perceived if we compare them, not with the total admissions into asylums, but with the admissions in which causes of insanity were specified. The total number of cases of this kind was 615; so that, judging by this standard, nearly a fourth of the admissions arose from intemperance.

Mr. R. Paden.—Watts's Dictionary of Chemistry (8 vols.) is the most complete work of reference. Miller's Elements (3 vols.) is also excellent. There are many small text-books.

Dr. Gordon is thanked for his communication.

THE NAVAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—The 6th of August is approaching, the day on which the medical schools of the United Kingdom are invited to send their *alumni* to compete for the *prizes* in the Medical Department of the Royal Navy. Should there be any such misguided individuals to be found as intending candidates, let them pause while there is still time, and turn to the account of a court-martial on a naval surgeon, reported in the Plymouth papers of last Saturday. They will there find a lesson that they would do well to ponder over. Here is a young surgeon who has twice sent in his resignation, and which has been twice refused; thus driven to desperation, he is placed under arrest, tried by court-martial, dismissed his ship, and severely reprimanded, for neglecting to conform to some of the regulations of a service from which his only wish has been to dissever himself; and, forsooth, for disrespect to one of the lieutenants, which latter crime, it appears, consisted in the particular position in which he chose to stand while addressing this great man. Now as long as a man *chooses* to remain in a service he has a right to conform to its rules, antiquated though they may be, and suited to a bygone age; but when he finds that such are distasteful to his feelings, one would imagine the natural course of events would be that he could free himself from them. But no; it seems that medical officers are deprived of the inherent right of all other British subjects, the right of disposing of themselves as they may see fit. On entering the Royal Navy, the motto chosen by Dante for certain disagreeable quarters may apply, "Abandon hope all ye who enter here." Whether it may be in accordance with their wishes or otherwise, there is no redress. Once in, there they must remain. It is, however, to be hoped that some medical member may be found next session to take up the question raised by Sir Dominic Corrigan, which is as yet unanswered—i. e., By what right medical officers are detained in the Royal Navy against their will? Meanwhile the authorities would do well to recognise the feeling that has sprung up in the mind of the present generation. Obedience to legitimate authority for the preservation of discipline will, of course, be accorded by all sensible men; but there is at the same time a determination to resist that pseudo-superiority which some executives still arrogate to themselves. What are the results of the present regulations? One man is driven to the *dernier ressort* of desertion at the Cape of Good Hope; while another is dismissed his ship by sentence of court-martial, when all he has asked for is to be allowed to take his leave of the service.

With such a lesson as this before him, any man who enters the service under its present regulations has really nobody but himself to blame for what he may hereafter have to endure. Yours &c.,

July, 1874. MEDICUS.

FIJI.

AN article on this subject has been contributed by a recent resident to the last number of *Fraser's Magazine*, which contains some interesting medical information. The extreme range of the thermometer is about 30°, the highest reading not being more than 97°; but the enervating influences of the atmosphere will be apparent when it is remembered that the nights are only a few degrees cooler than the hottest part of the day. Thus Fiji is an exhausting climate, and, although fairly well adapted to white men of sound constitution, is by no means suitable for women and children. The annual rainfall averages upwards of 150 inches, and the evaporation constantly going on being extensive, the air assumes the form of a vapour-bath. No endemic diseases prevail, and notwithstanding the depressing nature of the climate, ordinary health may, with care, be enjoyed. Consumptive patients are said, as might be expected, to do very badly in the heat and moisture of the tropical islands in the South Pacific Ocean.

Hypnotics has omitted to enclose his card.

HAY FEVER.

To the Editor of THE LANCET.

SIR,—AS a sufferer from hay fever, I may be allowed to make a few remarks in reference to Dr. Young's letter on the subject.

I would ask, first, what is a fellow to live on if he avoids all that Dr. Young tells us to? I do not believe that diet has the smallest share in causing the affection, but that it is simply and solely caused by breathing something that emanates from ripe grass or hay. For myself I am usually credited with enjoying rude health, work hard, and take active exercise; yet as surely as June comes round and the sun is hot, if I go near a grass-field, that terrible sneezing &c. comes on. I do not believe that medicine given internally does any good, except perhaps tonics to counteract the great exhaustion caused by it. We must rather look for the remedy in inhalations of camphor or carbolic acid, and perhaps tincture of opium applied as a local sedative; but if you are unfortunately subject to hay fever, let me advise you as the only certain remedy to keep away from the hay.

I am, Sir, yours, &c.,

Reigate, July 27th, 1874. J. WALTERS, M.B.

RINGWORM IN WORKHOUSE CHILDREN.

A CONTROVERSY is going on between two medical officers of the Islington Board of Guardians—Mr. Cowen, of the workhouse; and Dr. Cotton, of the Schools for Pauper Children. Dr. Cotton complains of the want of quarantine at the workhouse before children are sent to the schools; Mr. Cowen of having to do a great amount of the work of the surgeon to the schools, with inadequate accommodation and nursing power. The workhouse work, Mr. Cowen says, is work enough without taking in hand the cure of ringworm. There is much force in this. He adds: "The workhouse infirmary is rapidly becoming the focus of the parish poor." We think Mr. Cowen has the best of it. But two such good officers should settle a matter of this kind between themselves, and suggest an arrangement to the Board. The quarantine would seem more likely to be practicable and effective in the schools.

Mr. John Cochrane.—We are not aware that "the character and abilities of the numerous gentlemen employed in looking after the medical interests of our merchant seamen have ever been traduced" in THE LANCET, and we have abundant evidence to substantiate all statements that have been made in our columns as to the mercantile marine medical service.

Dr. Carey, (Guernsey.)—Dr. Sutro on Spas and Climatic Reports (Longmans).

FIRST-CLASS SURGEON-MAJORS.

To the Editor of THE LANCET.

SIR,—I quite agree with "Regulation" in your last issue, that it is pitiable to witness the efforts of the senior surgeon-majors to dissociate themselves from their brethren of the same denomination by the assumption of a new and self-imposed title. This attempt on their part, while it will utterly fail in the real object it has in view, can only succeed in bringing ridicule upon the originators and discredit upon the department generally. As the members of a scientific corps, there is a fair field in which everyone can contend in an honest and healthy rivalry for the palm, be the latter in the shape of distinctions, rewards, or titles; but it is surely ridiculous that because a man has happened to have lived a few more summers than his professional brother, who is known by the same designation, the former is "to lay the flattering unction to his soul" that he is, as compared with the latter, quite a superior being. The traditions of the profession show that its greatest ornaments have always been men remarkable as much for their extreme modesty as for the superiority of their attainments; yet these men were happy to labour side by side with, and be known by the same simple appellation as, the veriest tyros of the art with whom they were firmly united by one common bond of sympathy and affection. Our seniors would do well to follow their example. Unity is strength, and we should ever bear in mind that, though members of a department of the army becoming certainly of more importance every day, we are still, nevertheless, members of our profession, and that it can be nothing but the height of folly for one man to elevate himself above his brother similarly named by assuming to himself a title as unmeaning as it is contrary to the regulations and the usages of the service. Yours truly,

July 29th, 1874. A. M. D.

To the Editor of THE LANCET.

SIR,—I should be glad to learn upon what facts "Regulation" grounds his assertion that medical officers who have completed twenty years' service have been found "surreptitiously dubbing themselves first-class surgeon-majors." Does he make this sweeping assertion because the editor of a military paper finds it convenient to notify by a distinctive appellation the attainment of a different relative rank? If this is a specimen of "Regulation's" reasoning process, I trust he does not apply it to his diagnosis.

Your obedient servant,

July, 1874. LOGIC.

REWARDS TO SCIENTIFIC MEN.

THE Civil List has of late granted pensions to men of science or their families, and we all saw with great satisfaction the names of Sharpey, Livingstone, and Holmes Coote amongst the recipients. The National Assembly of France, through the organ of Dr. Paul Bert, has also acknowledged the claims of a man whose theories and labours are familiar to the educated community. A pension has just been bestowed on M. Pasteur, as a national reward for the services rendered to science by this eminent chemist and physiologist. Both the believers and unbelievers in the germ theory will be happy to hear of this graceful act on the part of the Assembly.

WILL *Mr. Orton* kindly repeat his question?

BREAKFAST AT EPSOM COLLEGE.

To the Editor of THE LANCET.

SIR,—Is the diet at Epsom College sufficient? If we take the first meal of the day, breakfast, as a sample, I am inclined to think it is not. In the Annual Report issued by the Council the sum of £102 8s. 5d. is charged for milk. Let us see how much of this sum each boy gets. I take the milk at fourpence per quart (16 oz. to the pint), and they cannot get for less, even if for that amount, milk that will stand the test of the lactometer. The academical year may be taken at forty weeks. There are two hundred boys in the school, and the number of masters and servants may be taken at twenty, though thirty would be nearer the mark, so I give the Council the benefit of the doubt. I do not imagine that the servants take less in order that the boys may have more. If the Council will do me the favour to calculate, they will find that the milk allowance is rather less than one-fifth of a pint per head per diem, one-tenth for each meal, so that an Epsom boy's breakfast stands thus: less than a farthing's worth of milk in some other beverage, with stale bread and butter. Your obedient servant,

T. SYMONDS HOWELL.

The Old Vicarage, Wandsworth, July 28th, 1874.

*** So many charges have of late been made against the dietary of the College, that it now becomes absolutely incumbent on the Governors, if they value the prosperity of the institution, to investigate these constantly recurring complaints. Mr. Howell's letter demands immediate consideration.—ED. L.

TREATMENT OF DRUNKARDS IN IRELAND.

THE Recorder of Dublin and the Judges at the Commission declare excessive and continuous drinking to be the source of nine-tenths of the crime on every calendar submitted to them; and *quid mirum* when the spirit consumed is, as a rule, tolerably hot from the still, and possesses an essential oil which acts like an irritant poison on the nervous system and brain? The 12th section of the 35th and 36th Vic., cap. 94, vests in the magistrates the power of fining a drunkard brought up for the second time within twelve months £1, and if for the third time within the same period £2, with the additional provision that when the Court commits any person to prison for non-payment of any penalty under this section, the Court may order him to be imprisoned with hard labour.

Eyer, (Ryde.)—The "goats' whey cure" (*cure de petit lait* in French, and *Molken-cur* in German) is best practised at Appenzell, in Switzerland. It consists in drinking goat's whey, called in Appenzell *Schotten*, which is brought every morning in large quantities, still warm, to the establishments. As in the "grape-cure" at Meran, the fine bracing mountain air in which it is practised has not a little to do with its success.

Nebraska.—It is quite possible that the man might have been suffering from a mild form of small-pox under the circumstances alluded to by our correspondent.

Mr. F. C. von Stoffmus is anxious to obtain an appointment as medical assistant in Germany. He had better advertise in the German medical journals.

PORT ROYAL.

To the Editor of THE LANCET.

SIR,—During the session a question was asked in the House of Commons relative to the recent cases of yellow fever that occurred on board H.M.S. *Alcmkir*, the flag-ship at Port Royal, in Jamaica. As is always the case with epidemics, the evil was supposed to have been imported, though Port Royal has rather an unenviable notoriety for the complaint in question; and as I have been there, and expect to go there again, I wish to draw your attention to the position of Port Royal with respect to one of its immediate neighbours that fifteen or eighteen months ago threw out such an intolerable stench that those to leeward resident in the dockyard (off which the flag-ship and the squadron when there are moored) had for a time to vacate their quarters. I refer to a swamp surrounded by mangrove trees, situated within half a mile of Port Royal in the direct line of the sea breeze, which prevails daily from ten in the morning to about three in the afternoon, and not many yards distant from the Palisades graveyard, where so many good fellows have their final resting-place. Upon the exodus in question a committee of medical men and others was ordered by the local naval authorities to meet, inquire, and report the cause and remedy. Many witnesses were examined, and the cause was declared not to proceed from the graveyard, but from the putrefaction of certain shell-fish adhering to the stems of the mangrove trees surrounding the swamp, and laid bare upon any slight depression of the water surface, as also from the stagnant water of the swamp itself. Two remedies were proposed: one being the cutting and maintaining of a channel from the swamp to the ocean for the creation of a constant current of water, but for which no estimate was very wisely given; the other being the filling in of the swamp, at an estimated outlay of £800. Whether the stench from the putrefied fish, supplemented, no doubt, by that escaping from the graves through the numerous ventilators made by the land-crabs, induces fever or not, I cannot say; but honestly affirm that upon one occasion it nearly poisoned me, coupled as it was by the question from a man-of-war's-man fellow-passenger, "Do you smell the Palisades, Sir?" But, fever or no fever, surely the life or even temporary illness of one of England's defenders, bound perhaps to spend three years in such a spot, is worth the expenditure of £800! The late fever, said to have been "imported" from the city of Kingston, only about five miles distant, involved the transport of the entire crew of the flag-ship to Bermuda and back. What, it may be asked, did that operation cost? And would it not be far better to fill up the swamp at even double the estimated £800 than to continue subject, to say the least, to the promptings of so suspicious a neighbour? I leave the question in your hands, Sir, and remain,

Yours obediently,

London, July 20th, 1874. COMMON SENSE.

COMPLEXION.

SOME ten years ago Mr. G. H. Lewes, following up the investigations of Dr. George Wilson, wrote a paper in the *Cornhill Magazine* on the future distinction of blue eyes. Statistics on the subject are being collected from the schools in Alsace. The French papers suspected that the object of these returns was to strengthen the title of Germany to that province, and they suggested that the returns would be cooked in order to give the required result; but it appears that similar statistics are being collected in various parts of the Empire. In a Bavarian district containing 1500 children, 36 per cent. were found to have blue eyes, 30 gray, and 34 brown; 47 per cent. had light hair, 49 brown, and 4 black; while 81 per cent. had fair complexions, and 19 were dark.

Mr. Elsom is thanked for his communication. We are sorry that our words should be applied so differently from our purpose. All language is, of course, open to abuse.

Constds.—Yes; King Louis le Debonnaire died from fright produced by a comet; and Ambroise Paré, the father of French surgery, has left a description of a comet which might well have caused a similar result. "It had," he says, "all the appearance of a luminous monster, armed with a sword with which it threatened to strike the earth."

"A CLEVER SURGICAL OPERATION."

Mr. Robert Barry (Limerick) writes to us to disclaim any cognisance of a paragraph which lately appeared in the *Irish Times* under the above heading, and has also written to the paper in question, repudiating any knowledge of the authorship.

EXPERIMENTS ON PLANTS.

BÖHM finds that air containing two per cent. of carbonic acid is unfavourable to vegetation; the germination of seeds being retarded, and the formation of green pigment (chlorophyll) being almost entirely prevented. The same investigator has found that pure oxygen hinders germination; but if this gas is reduced to a density of one-fifth, either by a diminution of pressure or by dilution with hydrogen, germination progresses as in ordinary air.

A Student.—Zoology, Nicholson; Chemistry, Roscoe; Botany, Henfrey or Oliver; Mechanics, Wormell or Barrett; Natural Philosophy, Wormell.

MEDICAL ETHICS IN KILMARNOCK.

To the Editor of THE LANCET.

SIR,—Permit me to lay the facts of the following case before you.

I was called away on the morning of the 8th inst., shortly after seven o'clock, by the police officer located in the village in which I reside, where I have charge of a branch practice, to attend a man who had been subjected to a brutal assault. Before I reached the scene of the outrage I was informed that the unfortunate victim had been identified and removed to his residence. I at once set off with all haste to his home. When I arrived there I found him in bed in a state of unconsciousness, from which he could be temporarily roused—in short, exhibiting all the symptoms of concussion of the brain. An examination of the head disclosed two wounds, each over an inch in length—one on the right temple, the other a little above the occipital protuberance. There was also a considerable oozing of blood from the right ear. Other injuries were present, which need not be specified. Suffice it to say, I dressed the wounds according to the recognised rules of treatment for such injuries on the scalp. I afterwards saw his hair cut short, and after giving instructions that he be kept quiet, and that appropriate dressing be applied, I left, promising to see him again in a few hours. When I called after midday I found that the sutures had been removed, that no subsequent steps had been taken to keep the edges of the wounds in apposition, and that *large hot poultices were being applied to the scalp*. I naturally asked an explanation of this state of matters. It transpired that a Mr. Rankin, surgeon, of Kilmarnock, had been in the village shortly after I left my patient, and had gone in unsolicited to see him. Immediately on leaving the house this gentleman started per train for town, and at once on his arrival there gained an interview with the sheriff. He then intimated to that gentleman that he had just seen a patient who had been assaulted, and recommended that the medical officer who acts for the Crown here be immediately sent for to see the case in conjunction with him, as it was in his hands, concealing entirely the fact of my prior claim to it—in short, supplanting me. I ought to mention that the police officer who had sent for me was present during part of the time I was engaged examining and treating the injuries, but left before I had completed my task to communicate with the authorities. Mr. Rankin, however, had anticipated him in this, because when he reached there he was told that the sheriff and a medical gentleman deputed by him, with the doctor in attendance on the injured man, had set off to examine him.

I may state that this is not the only instance in which Mr. Rankin has been guilty of interference with patients not his own. Every practitioner in this neighbourhood can corroborate this statement. It is quite a customary thing for him to walk in unasked to see a case, and vouchsafe an opinion on it.

I am, Sir, yours, &c.,

J. M. SCOTT, L.R.C.S. & P. E.

Crosshouse, near Kilmarnock, July 14th, 1874.

PROFESSIONAL ETIQUETTE.

A. B.—We do not see the force of A. B.'s statements. But his letter shall be published if he will sign his name thereto and give the other names concerned. It is due to Dr. Sealy that he should not have to fight in public with anonymous correspondents with whom his quarrel does not rest.

ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—I send you a copy of the *Times of India*, by which you will see that the Surgeon-General of the Indian Medical Department, Bombay, has discovered the necessity of applying a stimulus to the flagging zeal of his subordinates. It is not my intention to say anything about the I.M.D., but to point out the inference fairly deducible as to the probable condition of the sister department, to which are entrusted the lives and well-being of the European troops. If the I.M.D., with its large possibilities in the way of well-paid appointments, has fallen into a condition of apathy and indifference in its work, what must be the condition of the British Medical Service, to which no appointments of any description whatever are open as a provocative to zeal, which draws pay inferior to the mere regimental pay of the officers of the I.M.S., which is intensely disgusted with the new Warrant and the utter contempt it shows for promises made on the honour, because in the name, of the Queen, and which sees no prospect of promotion under twenty years' service, thirty years' service, or—never, according to the caprice of the Cardwell of the period?

I have not yet seen public attention directed to the fact that the new edition of the Queen's Regulations has completed the extinguishment of the position of the medical officer at mess. The amended paragraph on precedence at mess rules that *on all occasions* a combatant (so-called) officer is to be senior. In the old Regulations it was ruled that only *on public guest nights* should a combatant officer take precedence of a non-combatant officer if the former happened to be junior in rank to the latter.

Medical officers must now marry to get out of compulsory attendance at mess. A department with a large element of Benedicts is not looked on with favour at No. 6, Whitehall-yard or at the Horse Guards, or in individual corps. The holy state is too often accompanied with a slowness and extreme deliberation of movement, a slipperiness in wriggling out of disagreeable or dangerous duties, with, finally, destitute widow and orphans thrown on the charity of a grumbling country.

I beg to express my individual disgust at the position in which the department is now placed. I was once a contented and hard-working member of it. Now I am—well, not hard-working, because I have found it a thankless waste of energy, and not contented for the reasons stated above.

Yours truly,

India, June 2nd, 1874. HIPPO.

MEDICAL OPPOSITION TO INCREASED PAY OF MEDICAL OFFICERS.

WE all know how sadly public medical work is underpaid in the Poor-law system. To do guardians justice, they sometimes perceive the fact when it is pointed out, and try to make amends. This was the case lately at Horsham, where Mr. Ashburner applied for and received an increase of salary for his workhouse duties, which he described as more than double what they were twelve years ago, the remuneration being less in consequence of the abolition of fees. It is almost incredible that one of the opponents of the motion for increasing the salary was a medical man, who said that if he were younger he would be glad to do the work for a third of what Mr. Ashburner was receiving. It is gratifying that even this argument did not induce the guardians to deny the reasonable demand of Mr. Ashburner.

A. E. J.—Erichsen's Surgery.

A PECULIAR CASE OF EMPHYSEMA OF THE EYELIDS.

To the Editor of THE LANCET.

SIR,—I forward the following case for insertion in your journal:—James A——, aged thirty, a strong healthy man, called upon me on the 1st inst., in a great state of alarm, on account of a sudden swelling over the right eye. He stated that half an hour previously he blew his nose rather forcibly, and immediately felt the eyelids, as it were, bulge out, and was horrified to find a large tumour over the eye. I diagnosed emphysema of the eyelids, which were swollen to the size of a large pigeon's egg; the air having been forcibly propelled from the nose into the cellular tissue between the skin and the conjunctivæ. My first supposition was that the air had rushed up the nasal duct, but the valve would render this impossible. Another supposition, that the air had forced its way through a thin nasal bone, was not tenable, because there was a sulcus between the nose and the tumour, and the emphysema did not extend under the skin of the nose. Indeed I am at a loss to account for the accident. I gave him a lead lotion to apply to the swelling, and it gradually disappeared. As I never read or heard of a similar case, I thought it might be worth recording.

I remain, Sir, yours obediently,

Gateshead, July 15th, 1874. F. W. NEWCOMBE, M.D.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir James Paget, London; Sir H. Thompson, London; Mr. T. Holmes, London; Dr. Lodge, Liverpool; Deputy Inspector-General Francis, Dinapore; Dr. Warner; Dr. Little; Mr. Pickles, Leeds; Mr. H. Thomas, Bristol; Dr. Buchanan, Glasgow; Mr. Butlin, London; Dr. Maunsell, Woolwich; Mr. Harrison, Liverpool; Mr. Clark, Glasgow; Mr. Heisch, London; Mr. Wigner, London; Mr. Nicol, Llandudno; Mr. Ramsden, Manchester; Mr. Garrett; Mr. Manley, Sierra Leone; Mr. Walters, Reigate; Mr. Orton, Hornsey; Dr. S. Smith, Bristol; Mr. Denton, London; Mr. Wilson; Mr. Mavor, St. Leonards; Mr. Turrell, Ipswich; Mr. Buckell, Swansea; Dr. Livy, Bolton; Dr. Reed, Pembroke; Dr. Pettigrew, Edinburgh; Dr. Richardson, Philadelphia; Mr. Proctor, Macclesfield; Mr. Skaife, Carlisle; Dr. Law, Manchester; Mr. Losada, London; Dr. Owen, London; Dr. Drysdale, Liverpool; Mr. Read, Dulwich; Dr. Tucker, Bermuda; Mr. Shattock, Kensington; Mr. Burgess, London; Mr. Barry, Limerick; Mr. Richards, Hanwell; Mr. Von Stoffmann, Newport; Dr. Davis, H.M.S. *Sultan*; Sir A. Taylor, Pau; Mr. Weaver, Chatham; Mr. Allken, Inverness; Mr. Colman, Waltham; Mr. Baker, Demerara; Mr. Breden, Staplehurst; Dr. Waters, Liverpool; Mr. Ritchie, Otley; Mr. Mendham, Norwich; Mr. Harris, Worthing; Dr. Laken; Messrs. Leader and Sons, Sheffield; Dr. Fox; Mr. Taplin, Kirkoswald; Mr. Winget, Torquay; Mrs. Wootton, Wandsworth; Mr. Hunt Hall; Mr. Jones, Llanarth; Mr. Hicks, Bedford; Dr. Wilhelm Roth, Dresden; Mr. Pinder; The Registrar of the Royal College of Physicians; The Medical Officer of Health for Sudbury; Logic; D. M. R.; A Student, Manchester; Reader; Subscriber; Hypnotis; Enquirer, Macclesfield; The Editor of the *Pictorial World*; Hard Times; D. O. T.; &c. &c.

LETTERS, each *with enclosure*, are also acknowledged from — Mr. Watson, Margate; Mr. Horn, Dalton; Mr. Parrish, Worcester; Mr. Hutchinson, Derby; Dr. Mackintosh, Downham; Mr. Denham, Garstang; Mr. Nowell, Halifax; Messrs. Farrant and Frost, Merthyr Tydvil; Mr. Chamberlain, Wallington; Mr. Palmer, Nayland; Mr. Knight, Bromley; Dr. Crossman, Hombrook; Mr. Wright, Romford; Dr. O'Connor, Welshpool; Dr. Sadler, Barnsley; Mr. Garrett, Blandford; Dr. Thomson, Higham Ferrers; Mr. Hargreaves, Glasgow; Mr. M'Leod, Glasgow; Messrs. Southall & Co., Birmingham; Mr. Manmay, Swansea; Mr. Hodgson, St. Helens; Mr. Browne, Driffield; Mr. Williams, Blackburn; Dr. Sturges, London; Dr. Fraser, Clitheroe; Mr. Wraith, Over Darwen; Dr. Pritchard, Lyme; Mrs. Theobald, Leicester; Mr. Velzier, Stromness; Mr. Corns, Oldham; Dr. Sutherland, Castletown; Mr. Remscher, Hamburg; Dr. Tweedie, Hackney; Dr. Davies, Bridgend; Dr. Williams, Liverpool; Mr. Clouting, Shipdham; Messrs. Goodhall and Co., Leeds; Dr. Martin, Manchester; Dr. Bellis, Woolton; Mr. Jackson, Stourport; Mr. Affleck, Stretford; Messrs. Forder and Co., Wolverhampton; Mr. Trimmer, Gloucester; Mr. Draper, Kensington; Mr. Fenn, Newmarket; Mr. Corsham, Clevedon; X. Y. Z., London; M.D., Notting-hill.

Hamilton Advertiser, Philadelphia Medical Times, Devonport Independent, Colonies, Limerick Reporter, Welshman, Newcastle Daily Chronicle, Pharmaceutical Journal, Women and Work, Cosmopolitan, Broad Arrow, Chemist's and Druggist's Advocate, Examiner, Academy, Cork Constitution, Liverpool Daily Post, Manchester Guardian, Graphic, Pictorial World, Land and Water, Sunday Times, Metropolitan, Farmers' Gazette, Garden, East London Observer, Surrey Advertiser, Huddersfield Chronicle, Jarrow Express, and *Isle of Man Times* have been received.

METEOROLOGICAL READINGS

(*Taken by Steward's Instruments*).

THE LANCET OFFICE, JULY 30TH, 1874.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia. in Vacuo	Max. Temp. Shade	Min. Temp.	Rain-fall.	Remarks at 8 A.M.
July 24	29·88	N.W.	58	62	104	73	50	...	Cloudy
„ 25	30·01	W.	56	59	107	77	50	0·04	Overcast
„ 27	29·85	W.	58	62	112	69	52	...	Overcast
„ 28	29·75	S.	58	59	92	67	53	0·23	Cloudy
„ 29	29·79	W.	56	59	111	74	49	...	Fine
„ 30	30·03	W.	58	64	...	...	51	...	Fine

Medical Diary for the ensuing Week.

Monday, Aug. 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ST. PETER'S HOSPITAL.—3 P.M. Expected Operation: Lithotomy.

Tuesday, Aug. 4.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, Aug. 5.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M., and on Thursday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

Thursday, Aug. 6.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

Friday, Aug. 7.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Aug. 8.

HOSPITAL FOR WOMEN Soho-square.—Operations, 9½ A.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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